

April 13, 1973

PERSONAL

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Mark:

It is a pleasure to inform you that your superior services for the period April 1, 1972, to March 31, 1973, have earned an Outstanding performance rating for you. The original of this rating is enclosed which you may retain.

Moreover, I have approved an incentive award of \$500.00 for you in recognition of your exceptionally fine performance. Representing this award is the enclosed check.

The dedication and loyalty which you have exhibited during this past year have been most beneficial to the Bureau in discharging its extremely important responsibilities.

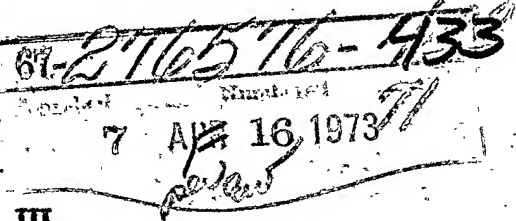
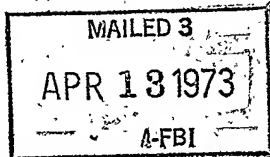
Your creditable efforts in behalf of the FBI are indeed gratifying to me.

Sincerely yours,

REC-143

Pat Gray

L. Patrick Gray, III
Acting Director



Enclosures (2)

1 - Mrs. Randolph (Sent Direct)

JAB:bbb

(4)

DEC 13 1978

Award #2187-73

Based on instructions from N. P. Callahan, 4-13-73.

Salutation per file.

MAIL ROOM ☐ TELETYPE UNIT ☐

Mr. Felt _____
Mr. Baker _____
Mr. Callahan _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Gebhardt _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
Mr. Soyars _____
Mr. Thompson _____
Mr. Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Mr. Bowers _____
Mr. Herington _____
Ms. Herwig _____
Mr. Mintz _____
Mrs. Neenan _____

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

5/14/73

I certify that I have, ☒ received ☐ returned the following Government property for official use:

Key to Director's Suite(#2)

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANYWAY.

NOT RECORDED

FILE

3/2

Very truly yours,

(Signature)

(Typed name)

W. MARK FELT

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

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DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY

67-1601 RECORDED
MAY 24 1973

2 MAY 24 1973

88

FILE

3/10/73

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: W. MARK FELT

Where Assigned: Executive Office FBIHQ
(Division) (Section, Unit)

Official Position Title and Grade: Acting Associate Director, GS 18

Rating Period: from 4-1-72 to 3-31-73

ADJECTIVE RATING: OUTSTANDING Employee's Initials _____
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: _____
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: L. Patrick Gray Acting Director 4-2-73
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

4 APR 20 1973

H/2

REC-132

276576-434
APR 15 1973

XEROX
DEC 13 1972

THREE

May 22, 1973

[Redacted]
Bureau of Retirement, Insurance,
and Occupational Health
Civil Service Commission
Washington, D. C. 20415

Dear [Redacted]

Enclosed is an Application for Retirement executed by W. Mark Felt, Acting Associate Director of this Bureau, who has indicated that he desires to retire June 22, 1973. There are also enclosed a Form CSC 1084, a copy of his Standard Form Number 2806, and a Form TUS 6569.

During his service with this Bureau, Mr. Felt has participated in and supervised the investigation of violations of laws of the United States and has performed duties of a hazardous nature. His services have been entirely satisfactory and he has met the necessary requirements to retire under the provisions of Section 8336(c) of Title 5, United States Code.

In accordance with the action of the Attorney General delegating authority to me to make appropriate recommendations in connection with applications for retirement from employees of the Federal Bureau of Investigation, I hereby recommend that Mr. Felt's retirement be approved.

Sincerely yours,

- 1 - Mr. Row, 6221 IB
- 1 - Miss Tibbetts, 4746
- 1 - Mrs. Foley, 4515
- 1 - Movement, 5524

William D. Ruckelshaus
Acting Director

NOTE: Active duty will cease 6/12/73;
retirement effective 6/22/73.

Mr. Felt _____
Mr. Baker _____
Mr. Callahan _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Gebhardt _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
Mr. Soyars _____
Mr. Thompson _____
Mr. Walters _____
Tele. Room _____
Mr. Baise _____
Mr. Barnes _____
Mr. Bowers _____
Mr. Herington _____
Mr. Conmy _____
Mr. Mintz _____
Mr. Eardley _____
Mrs. Hogan _____

Enclosures (4)

MAY 31 1973

MAIL ROOM ☐ TELETYPE UNIT ☐

Report of Exit and Separation
FD-193 (Rev. 9-6-72)

TO: Mr. Callahan

FROM: H. N. Bassett

DATE: 5-18-73

Name of Employee
W. Mark Felt

EOD Date
1-26-42

Title
Acting Associate Director

Last Local Address
3216 Wynford Dr., Fairfax, Va. 22030

Forwarding Address (include Zip Code, if known)
Same

Cease-active-duty Date (hour and last day physically at work)
5:30 p.m., June 12, 1973.

Working Hours (include workweek if other than Monday - Friday)
9:00 a.m. - 5:30 p.m.

Interview Conducted By (Signature)
Harold N. Bassett

Title
Inspector

LEAVE DATA
Leave category ☐ 4 ☐ 6 ☒ 8
Hours of accrued leave employee will have at close of business on cease-active date which is the last hour of the last day physically at work. Do NOT add accruals if effective date of separation is at a later date. AL 463 SL 1882
Hours of annual leave carried over at beginning of current leave year. AL 399
Leave to be used prior to cease-active-duty date _____
Note: Unless an emergency situation, only current accrued annual leave in excess of maximum accumulation (240 or more hours) can be granted through close of business on the effective date of separation.
If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL 0 SL 0

READ BEFORE INTERVIEWING

Purposes:

- 1 - Obtain real, motivating reason for resignation
- 2 - Save a valuable employee if possible
- 3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.

When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.

By Whom Conducted: Clerical employee - by immediate Agent supervisor; Agent - by SAC or in his absence by official acting for him.

Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item L. Comments.

A

1. ☐ Return to Home Area
2. ☐ Homesick for Family and Friends
3. ☐ Unable to Adjust to City Environment
4. ☐ Living Costs
5. ☐ Transportation
6. ☐ Housing
7. ☐ Concern Over City Life (Crime, etc.)
8. ☐ Dissatisfaction With Assignment
9. ☐ Dislike of Production or Work Standards
10. ☐ Dislike Performing Overtime
11. ☐ Dislike Shift Assignment
12. ☐ Working Conditions - Physical Plant (i.e., no air conditioning)
13. ☐ Working Conditions (other than physical plant)
14. ☐ Lack of Promotional Opportunity

B

15. ☐ Military
16. ☐ Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)
Check both reason and type:
Reason:
☐ a. Promotional
☐ b. Enter different field
Type:
☐ a. Other Government employment
☐ b. Private industry
☐ c. Self-employment
17. ☐ Poor Health (Self)
18. ☐ Poor Health (Family)
19. ☐ Marriage
20. ☐ Maternity
21. ☐ Attend School; ☐ locally; ☐ other area
22. ☐ Change of Residence (husband or family moving)
23. ☐ Housewife or Child Care
24. ☐ Resignation requested
25. ☐ Removal
☐ All involuntary separations
☐ Abandonment of position - failed to submit resignation
26. ☐ Resigned during administrative inquiry
27. ☒ Retirement
☒ Optional (including liberalized); give reason
28. ☐ Disability
28. ☐ Other (Explain under comments)

- C. 1. Did employee violate terms under transfer agreement, 3-34b ☐ Yes ☐ No; Foreign Assignment, FD-382 ☐ Yes ☐ No; Government Employees Training Act, FD-375 ☐ Yes ☐ No; transportation expense agreement, 12-69? ☐ Yes ☐ No
2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training? ☐ Yes ☐ No If yes, specify agreement(s) involved and explain under Item L. Comments.
3. If FBIHQ clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No

4. If answer to either question 1 or 3 above is "yes":

- a. Advise employee any money due being held in abeyance until determination is made as to any indebtedness.
- b. Advise Bureau of resignation, Attention Voucher-Statistical Section on ☐ teletype ☐ radiogram ☐ telephone

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- D. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)
- E. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.
- F. All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: commendation, censure or promotion letters or copies of expense vouchers, etc.). ☒ Yes ☐ No
- G. If employee is resigning for maternity purposes, appropriate block must be marked:
- ☐ Employee does not desire payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
- ☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
- ☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
- H. Was employee instructed that if enrolled in a health benefits plan his coverage continues temporarily for 31 days from the termination of his health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. ☒ Yes ☐ No
- I. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No
- J. Was employee advised that any inquiries concerning his FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? ☒ Yes ☐ No
- K. The retiring employee is qualified and desires the ☐ 20-year plaque ☐ 25-year plaque ☒ 30-year plaque.
- L. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)

*Mr. Catell's
office adv.
5-21-73
mcf*

- M. Has there been any substantial change in employee's work performance record since submission of last performance rating? ☒ No ☐ Yes If "Yes" give current adjective rating and basis for change.
- N. Recommendations re reinstatement: ☒ Yes ☐ No (If No, explain why.)

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Marshall

DATE: 4-20-73

FROM : Mr. Heim

SUBJECT: FBI LAW ENFORCEMENT BULLETIN
EDITORIAL BOARD

Mr. Tolson
Mr. DeLoach
Mr. Callahan
Mr. Cleveland
Mr. Conrad
Mr. Felt
Mr. Jenkins
Mr. Marshall
Mr. Miller, E.E.
Mr. Soyars
Mr. Thompson
Mr. Walters
Tele. Room
Mr. Kinley
Mr. Armstrong
Mr. Powers
Mr. Herington
Ms. Herwig
Mr. Mintz
Mrs. Neenan

Mark W. Felt

CF B.T. - Felt

In view of the transfer of the Publications Unit (which prepares the Bulletin) from the Training Division to the Files and Communications Division, it is recommended that Assistant Director Marshall be replaced on the Editorial Board for the Bulletin by Assistant Director Jenkins (who formerly served on the Board prior to the assignment of the Unit to his division).

The Editorial Board would then consist of Messrs. Felt, Cleveland, Gebhardt, Jenkins, and Mintz. (See revised Editorial Board routing slip attached.)

RECOMMENDATION:

That Assistant Director Jenkins be approved to replace Assistant Director Marshall on the Editorial Board for the FBI Law Enforcement Bulletin.

Enclosure

attached in Publications Unit

- 1 - Mr. Marshall
- 1 - Mr. Cleveland
- 1 - Mr. Gebhardt
- 1 - Mr. Jenkins
- 1 - Mr. Mintz
- 1 - Mr. Heim

JHC:bhm
(8)

EX-111

REC-76

94-3-1-4557

MAY 1 1973

8 MAY 14 1973
40

PERS. REC. UNIT

4-15H

THE ROCKEFELLER PUBLIC SERVICE AWARDS PROGRAM IS ADMINISTERED BY

April 17, 1973

[Redacted]
Rockefeller Public Service Awards
Woodrow Wilson School
Princeton University
Princeton, New Jersey 08540

b6
b7C

Dear [Redacted]

Enclosed is the nomination of W. Mark Felt
for the Rockefeller Public Service Award in the fields of
Administration and Professional Accomplishment or
Leadership.

Sincerely yours,

L. Patrick Gray, III
Acting Director

Enclosure

① Personnel file of W. Mark Felt

RHC:blg (4)

Based on memo from N. P. Callahan to Mr. Gray dated 4/11/73
re Rockefeller Public Service Award.

67-1-100-100000
3 APR 1973

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April 17, 1973

Rockefeller Public Service Awards
Woodrow Wilson School
Princeton University
Princeton, New Jersey 08540

Dear Sirs:

I deem it an honor to nominate W. Mark Felt, Acting Associate Director of the Federal Bureau of Investigation, for a Rockefeller Public Service Award in the categories of both Administration and Professional Accomplishment or Leadership.

During the past eleven months, it has been my pleasure to work closely with Mr. Felt in directing the FBI's investigative, intelligence, service, and administrative operations. As I know you are aware, the FBI is the investigative arm of the Department of Justice. By virtue of laws enacted by Congress and directives of the President and the Attorney General, it has jurisdiction over some 185 Federal investigative matters. These cover a wide range of Federal offenses in the criminal and internal security fields. They require a staff of 19,600 men and women assigned to our Washington Headquarters and our 59 field divisions.

In addition, the FBI performs a variety of service functions for the benefit of local, county, state, and other Federal law enforcement agencies. These cooperative services include scientific examinations of evidence in criminal cases; comparisons and identifications of fingerprints; assistance in training police officers; dissemination of criminal intelligence information and other data of concern to other authorities; and special computerized information services. Throughout a highly distinguished career spanning more than 31 years, Mr. Felt has made, and continues to make, outstanding and increasingly important contributions to the effective operation of the FBI in each of the above-enumerated areas of its endeavors. Mr. Felt has risen through the ranks from a newly appointed Special Agent to a skilled administrator. The knowledge, experience, and insight he has gained in his many key assignments are widely sought and highly respected by personnel of this Bureau.

RHC:blg (4) DED 54
Based on memo from N. P. Callahan to Mr. Gray dated 4/11/73
re Rockefeller Public Service Award.

1 - Personnel file of W. Mark Felt

at all levels, as well as by representatives of other law enforcement agencies.

During the past eleven months, it has been continually necessary for me to rely on his advice and counsel in difficult and unusual matters; and my admiration for him personally, as well as my confidence in him professionally, has constantly grown.

I. Biographical Data. Mr. Felt was born on August 17, 1913, in Twin Falls, Idaho. He received his early education in that city and attended the University of Idaho, Moscow, Idaho, where he received a Bachelor of Arts degree in 1935. He was subsequently employed in Washington, D. C., as an Administrative Assistant to then U. S. Senator D. Worth Clark and, while so employed, continued his education at The George Washington University Law School where he received a Juris Doctor degree. He was admitted to the District of Columbia Bar in 1941 and has been admitted to practice before the United States Supreme Court. Immediately after he completed his education, Mr. Felt embarked on a career of public service - first as an attorney with the Federal Trade Commission and then as a Special Agent of the FBI.

Mr. Felt is married and

b6
b7C

II. The Nominee's Career and Accomplishments. Mr. Felt entered on duty as a Special Agent of the FBI on January 16, 1942, and, in that capacity, served in our Houston, San Antonio, and Seattle Field Offices. As a Special Agent, Mr. Felt did on repeated occasions, and with great courage, selflessly expose himself to personal danger while making arrests and participating in raids and related assignments. His contagious enthusiasm, indomitable spirit, and limitless capacity for hard work quickly brought him to the favorable attention of his superiors; and his fairness, thoroughness, and respect for the rights of all persons whom he encountered in line of duty were an example to fellow investigators both within and without the FBI. In 1950, while serving in our Seattle Field Office, Mr. Felt was promoted to a supervisory position. In September, 1954, he was transferred to Washington, D. C., as a supervisor at FBI Headquarters. So capably did he carry out these duties that he was named Assistant Special Agent in Charge of our New Orleans Field Office in December, 1954. Fourteen months later he was selected to serve as Assistant Special Agent in Charge of the substantially larger Los Angeles Field Office.

~~Mr. Felt~~
~~Mr. Baker~~
~~Mr. Callahan~~
~~Mr. Cleveland~~
~~Mr. Conrad~~
~~Mr. Gebhardt~~
~~Mr. Jenkins~~
~~Mr. Marshall~~
~~Mr. Miller, E.S.~~
~~Mr. Soyars~~
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~~Tele. Room~~
~~Mr. Kinley~~
~~Mr. Armstrong~~
~~Mr. Bowers~~
~~Mr. Herington~~
~~Ms. Herwig~~
~~Mr. Mintz~~
~~Mrs. Neenan~~

On October 8, 1956, Mr. Felt was designated Special Agent in Charge of our Salt Lake City Office, in which capacity he directed all FBI operations in the States of Utah and Nevada. By March, 1958, he again had proved himself capable of shouldering greater responsibility, and he was named Special Agent in Charge of our Kansas City Field Office.

As Special Agent in Charge, Mr. Felt was directly responsible for the operations of his field offices, both from an investigative and administrative standpoint. He was obliged to afford on-the-scene supervision and leadership to all major investigations as well as to volatile fast-moving situations where the elements of risk and danger were ever present.

The outstanding manner in which Mr. Felt mastered this succession of heavily demanding positions led to his being transferred to FBI Headquarters in October, 1962, to serve as Inspector and second in command of the FBI's Training Division. This division is charged with the continuous training of investigative and noninvestigative personnel - both newly appointed and experienced - and it operates the FBI National Academy where training is afforded to representatives of other law enforcement agencies throughout the United States and from abroad. The high-level operation of this particular division was insured by Mr. Felt through his creative genius, astute judgment, and diligent application to duty.

On December 14, 1964, Mr. Felt was promoted to the position of Inspector in Charge of the Inspection Division at our Headquarters, and three months later he was named Assistant Director of that division. In this capacity, Mr. Felt was responsible for the conduct of inspections in all of the FBI's field offices and Headquarters divisions. In directing this division, it was his primary responsibility to assure uniformity of procedures and economy of operations throughout the FBI. Not only did he demonstrate unusual adeptness in performing these functions, but he proved himself to be alert in detecting deficiencies and in promptly and diplomatically initiating corrective action.

The late J. Edgar Hoover - Director of the FBI from May, 1924, to May, 1972 - designated Mr. Felt as Assistant Director-Deputy Associate Director on July 1, 1971.

Shortly after being named Acting Director of the FBI on May 3, 1972, I designated Mr. Felt my Acting Associate Director. In this capacity, he has supervised all phases and facets of FBI endeavors, and his

Mr. Felt _____
Mr. Baker _____
Mr. Callahan _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Gebhardt _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
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Mr. Kinley _____
Mr. Armstrong _____
Mr. Bowers _____
Mr. Herington _____
Ms. Herwig _____
Mr. Mintz _____
Mrs. Neenan _____

MAIL ROOM ☐

TELETYPE UNIT ☐

performance has truly been brilliant. He is one of the most talented, tireless, and dedicated public servants whom it has been my privilege to know, to observe, and to admire in a career of both military and civilian service to the American people that began at the United States Naval Academy in 1936.

III. Future Potential of the Nominee. Today Mr. Felt is the top-ranking career employee of the Federal Bureau of Investigation. His future potential can be limited only by what he will be asked to do.

IV. Supporters of the Nominee. Ivan W. Conrad, Richard J. Baker, Edward S. Miller, and William V. Cleveland, Assistant Directors, Federal Bureau of Investigation, Washington, D. C. 20535.

I cannot stress too strongly Mr. Felt's past, present, and future worth to the FBI, and I consider it a signal honor to be able to submit his name in nomination.

Very truly yours,

L. Patrick Gray, III
Acting Director

Mr. Felt _____
Mr. Baker _____
Mr. Callahan _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Gebhardt _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
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Mr. Herwig _____
Mr. Mintz _____
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MAIL ROOM ☐

TELETYPE UNIT ☐

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date April 4, 1973

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DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

RECORDED

MAY 24 1973

88

FILE

3/10/73

Very truly yours,

(Signature)

(Typed name)

W. Mark Felt

RETIREMENT INFORMATION

Name: **W. Mark Felt**Date: **May 18, 1978**

APPLICATION

- ☒ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for approval.
- ☐ The enclosed "Application for Retirement" should be executed (or changed as indicated below) and promptly returned to the Bureau for forwarding to the Civil Service Commission (CSC) for approval. The information sheet attached to the application is for your records and you should detach it before sending in the application.

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit or redeposit, you should request Bureau to forward Standard Form 2803 to you. Return this form to the Bureau.

- ☐ Not applicable.
- ☒ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ 1343.
- ☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ _____.

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, including 0 year, 10 months, 27 days of accrued sick leave, ☒ other civilian Government service and/or ☐ military service known to us, totalling 38 years, 5 months, 19 days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement or for SA retirement cannot be made final until CSC has notified FBI of the approval of your application.

TYPES OF ANNUITY

| | With Deposit | Without Deposit | With Redeposit | Without Redeposit | With Deposit & Redeposit |
|--|-----------------|--------------------|-------------------|----------------------|-----------------------------|
| <input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program) | \$ <u>2092</u> | \$ <u>2082</u> | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Annuity Without Survivor Benefit | \$ <u>2299</u> | \$ <u>2288</u> | \$ _____ | \$ _____ | \$ _____ |
| Unmarried applicants only (Including Widowed or Divorced) | | | | | |
| <input type="checkbox"/> Annuity without Survivor Benefit | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Reduced Annuity With Benefit to Person having an Insurable Interest | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Survivor Annuity (55% of all or the portion of your annuity specified) | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

plus annuity for each eligible child.

SEPARATION FROM ROLLS

Since you ☒ will cease active duty ☐ ceased active duty on 6-12-73 your annuity will commence 6-23-78 immediately following the ☐ cease active duty date or ☒ expiration of current accrued annual leave on 6-22-73 earned through 6-22-73. Item B2 on application ☐ changed to ☐ should be changed to close of business

_____ If ☐ annual leave or sick leave was or will be used by you subsequent to _____ this may change the effective date of your retirement and shorten your total length of service. Bureau should be advised immediately of any such change.

- ☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. CSC will advise you of this amount.
- ☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. CSC will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.
- ☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.
- ☒ You should send CSC over your signature any change in address, setting out your CSA (retirement) number.
- ☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ 5,525. A deduction for Federal income tax has been made from this estimate.

67-276576-436
ENCLOSURE3/
mcf (over)

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

- ☐ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$ 38,000.
- ☐ Records show you declined Optional Insurance but are covered by Regular Insurance of \$ 38,000.
- ☐ Records show you waived both Regular and Optional Insurance.

You may continue your group life insurance coverage following retirement or convert it to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to CSC and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age, beginning at \$2.82 monthly for persons under age 35 and ranging to \$41.17 monthly for persons age 60 or over. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, CSC will deduct the cost from your annuity. You must have had Optional Insurance for all of your service during which it was available (first offered in (1968) or for 12 years immediately before your retirement. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying CSC and still keep your Regular Insurance. Following retirement, double indemnity benefits concerning accidental death and dismemberment no longer exist for either Regular or Optional Insurance.

- ☐ You elected Optional Insurance on _____. If you desire to waive the insurance, you should submit SF-176. If you desire to convert the Optional Insurance, submit in duplicate a signed statement that you want to convert the Optional Insurance to an individual policy and wish to be informed how to do it.

Note: If the annuity of an insured retired employee is terminated under any applicable law or regulation, his regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE FILED:

- ☒ No. Beneficiary will be in order of precedence used by U.S. Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.
- ☐ Yes; beneficiary designated as _____
- This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

- ☐ Records show you elected not to enroll.
- ☒ Records show you enrolled in the following plan:
- ☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)
 - ☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)
 - ☐ Comprehensive Medical Plan
 - ☒ Special Agents Mutual Benefit Association (SAMBA) (See information below on SAMBA Life Insurance)

Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

SAMBA LIFE INSURANCE - The life insurance you carry under SAMBA on yourself and dependents will continue in force until 1-10 or 7-10 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 21. You may elect to continue to age 70 at group rates 50% of the life insurance on you, your spouse, and children as follows:

| Your Pre-retirement Amount | Amount Continued at Retirement | Semi-Annual Cost | Spouse and Children Pre-retirement Amount | | | | Amount Continued at Retirement | Semi-Annual Cost |
|----------------------------------|-----------------------------------|---------------------|---|---------|---------|-------|-----------------------------------|---------------------|
| | | | Spouse | Child | Spouse | Child | | |
| \$ 3,000 | \$ 1,500 | \$ 3.25 | | | | | | |
| 7,000 | 3,500 | 12.25 | | | | | | |
| 8,000 | 4,000 | 15.00 | | | | | | |
| 10,000 | 5,000 | 20.00 | \$ 2,000 | \$1,000 | \$1,000 | NONE | \$ 2.25 | |
| 12,000 | 6,000 | 25.75 | 4,000 | 3,500 | 2,000 | 1,750 | 8.00 | |
| 15,000 | 7,500 | 33.50 | 8,000 | 3,500 | 4,000 | 1,750 | 16.00 | |
| 20,000 | 10,000 | 48.00 | 10,000 | NONE | 5,000 | NONE | 20.00 | |
| 23,000 | 11,500 | 58.50 | | | | | | |
| 30,000 | 15,000 | 75.00 | | | | | | |
| 35,000 | 17,500 | 87.50 | | | | | | |

If you desire to convert 50% of your present life insurance, write within 31 days before your coverage terminates to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. You may continue this coverage until January 10 or July 10 which coincides with or next follows your attainment of age 70. You will be billed on a semi-annually basis on January 10th and July 10th. At age 70, this coverage will terminate and you may then convert the amount of life insurance carried with SAMBA on you and your spouse to a regular policy with The Prudential Insurance Company of America.

At retirement the 50% of SAMBA Life Insurance that cannot be continued with SAMBA may be converted to a regular policy with Prudential on you and your spouse, but not on the children. The premium will be the same as if you and your spouse applied for an individual policy at that time. You may make the necessary conversion arrangement through the nearest Prudential Office.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI)

If you are a member of SATI upon retirement, you cannot continue the Long Term Disability (In-Hospital Income, Salary Continuation and Pension Supplement). You may continue the Accidental Death, Dismemberment and Permanent Total Disability and the Accident Indemnification at the same rates and amounts to age 65. You may also continue the coverage on your spouse to age 65 and your dependent children to age 18 (or 23 if full-time student.) Upon attainment of age 65 you may only continue the Accidental Death and Dismemberment but not the Permanent Total Disability portion to a maximum of \$25,000 on you and your spouse to age 75. The cost will be 19¢ per month per thousand. Upon the death of an insured employee, the insured spouse and dependent children may continue their insurance until age 65 or age 18. The Accident Indemnification cannot be continued after age 65. If you retire due to disability and belong to SATI, you should contact Wright and Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036.

ENCLOSURE

- ☐ Standard Form 2801, "Application for Retirement"
- ☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"
- ☒ Pamphlet, "Your Retirement System"
- ☐ Standard Form 2801-B, "Physician's Statement," for disability retirement.

ADDITIONAL INFORMATION
SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

| | | |
|---|--|-----------------------------------|
| 1. NAME OF APPLICANT <i>(Last, First, Middle)</i> | 2. DATE OF BIRTH <i>(Month, Day, Year)</i> | 3. SOCIAL SECURITY ACCOUNT NUMBER |
| FELT, WILLIAM MARK | 8-17-13 | 511 46 0048 |

B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

| | |
|--|--|
| 1. SERVICE COMPUTATION DATE <i>(Month) (Day) (Year)</i> | 2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE <u>NOT</u> COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS <i>(Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)?</i> |
| 12-1-35 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

| EFFECTIVE DATE | ACTION | BASE PAY | FEDERAL AGENCY | RETIREMENT SYSTEM <i>(If any)</i> | REMARKS |
|----------------|---------|------------|--------------------------|--------------------------------------|-----------------------|
| 12-1-35 | A. EXC. | \$1800 p/a | U. S. Senate | | |
| 8-1-37 | INC. | \$2220 p/a | " " | | |
| 1-3-39 | Decr. | \$1800 p/a | " " | | |
| 1-1-40 | INC. | \$2220 p/a | " " | | |
| 6-15-41 | TERM. | | | | |
| 6-16-41 | A. EXC. | \$2600 p/a | Federal Trade Commission | | |
| 1-25-42 | RES. | \$2600 p/a | " " | | |
| 1-26-42 | | | | Civil Service | Ret. deductions began |

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE *(If claimed by applicant)*

| | |
|---|--|
| 1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT? | NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge. |
| N/A <input type="checkbox"/> YES <input type="checkbox"/> NO | |

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER *(By prior comparison with official military discharge certificate)* FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

| FROM | TO | BRANCH | CHARACTER OF DISCHARGE | TIME LOST, IF ANY |
|------|----|--------|------------------------|-------------------|
| | | | | |

| | |
|--|---|
| 3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY? | 4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? <i>(See FPM Supplement 831-1, Retirement, Subchapter S3-5f)</i> |
| <input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available. | <input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available. |
| <input type="checkbox"/> No. | <input type="checkbox"/> No. <i>(Includes cases where waiver unnecessary)</i> |

3/1/13

D. TYPE OF IMMEDIATE RETIREMENT

| | |
|---|--|
| 1. <input type="checkbox"/> AGE | • Enter date that notice of mandatory separation was given to employee _____ (Date) |
| 2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary) | • If retirement is under special provision for law enforcement employees, attach agency head's recommendation. |
| 3. <input type="checkbox"/> DISCONTINUED SERVICE | • Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee. |
| 4. <input type="checkbox"/> DISABILITY | • Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment. |

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

| | |
|---|--|
| 1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions) | |
| <input checked="" type="checkbox"/> YES. Enter following information below: <input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since: <div style="text-align: center;">2-14-68</div> (Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage) | <input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify) |
| 2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions) | |
| <input checked="" type="checkbox"/> YES. Enter following information: <div style="text-align: center;">442</div> Enrollment Code Number <div style="text-align: center;">3203754</div> Carrier Control Number | <input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify) |
| 3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below. | |
| PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted <u>after</u> separation for retirement. LIFE INSURANCE DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder. HEALTH BENEFITS DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates. | PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval <u>before</u> separation for retirement. LIFE INSURANCE DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted <u>after</u> separation for retirement. HEALTH BENEFITS DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted <u>after</u> separation for retirement. |

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

| |
|--|
| 1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records. 2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record. 3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter 322. |
|--|

G. AGENCY EMPLOYING OFFICE CERTIFICATION

| | |
|---|---------|
| I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency. | |
| SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL | |
| OFFICIAL TITLE | DATE |
| Personnel Officer | 5-18-73 |
| AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE | |
| FBI 202-324-3887 9th St. & Pa Ave. N. W. Washington, D. C. 20535 | |

W. MARK FELT

May 16, 1973

Mr. William D. Ruckelshaus
Acting Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Ruckelshaus:

The purpose of this letter is to apply for retirement from the Federal Bureau of Investigation effective June 22, 1973.

The decision to retire has not been an easy one. During the past thirty-one years, it has been my privilege to serve the FBI in virtually every capacity, including Special Agent in Charge of various field offices, Assistant Director in charge of the Inspection Division for seven years, Deputy Associate Director and Acting Associate Director for the past two years. These years have been heavily demanding upon me; but my wife join me in saying that the rewards, in terms of pride and personal satisfaction, have been far greater.

It is my earnest hope that the standards of thoroughness, fairness, and impartiality that became the hallmark of the FBI during J. Edgar Hoover's forty-eight years as Director will continue to be maintained, and that the FBI will remain a career service staffed at all levels by law enforcement professionals.

In your own stewardship of the FBI, I know you will become increasingly impressed with the caliber of men and women who comprise the Bureau's ranks, and with the selflessness and dedication that characterize their service to the American people.

I assure you of my continued best wishes. If I can be of assistance to the Bureau at any time, it will be a pleasure to do so.

Sincerely,

REC-150 67-276576-116

Searched

Numbered

JUN 6 1973

| | |
|------------------|-------|
| Mr. Felt | _____ |
| Mr. Baker | _____ |
| Mr. Callahan | _____ |
| Mr. Cleveland | _____ |
| Mr. Conrad | _____ |
| Mr. Gebhardt | _____ |
| Mr. Jenkins | _____ |
| Mr. Marshall | _____ |
| Mr. Miller, E.S. | _____ |
| Mr. Soyars | _____ |
| Mr. Thompson | _____ |
| Mr. Walters | _____ |
| Tele. Room | _____ |
| Mr. Kinley | _____ |
| Mr. Armstrong | _____ |
| Mr. Bowers | _____ |
| Mr. Herington | _____ |
| Ms. Herwig | _____ |
| Mr. Mintz | _____ |
| Mrs. Neenan | _____ |

b6
b7C

Letter ack.
5-17-73, RJS/ack.

[Handwritten signature]

[Handwritten signature]

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan

DATE: June 4, 1973

FROM : T. J. Feeney

SUBJECT: W. MARK FELT
ACTING ASSOCIATE DIRECTOR
PRESENTATION OF RETIREMENT PLAQUE

Mr. Felt _____
Mr. Baker _____
Mr. Callahan ☒
Mr. Cleveland _____
Mr. Conrad _____
Mr. Gebhardt _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
Mr. Soyars _____
Mr. Thompson _____
Mr. Walters _____
Tele. Room _____
Mr. Baise _____
Mr. Barnes _____
Mr. Bowers _____
Mr. Herington _____
Mr. Conmy _____
Mr. Mintz _____
Mr. Eardley _____
Mrs. Hogan _____

Acting Associate Director Felt is retiring effective 6-12-73, ceasing active duty same date.

A 30-year Retirement Plaque has been ordered.

RECOMMENDATION

That this memorandum be forwarded to Mr. Ruckelshaus so that he may indicate when it would be convenient for him to personally present this plaque to Acting Associate Director Felt.

1 - Mrs. Hogan (Sent Direct)

RHC: cab cab
(3)

NPC
6/11/73
9:00 AM
per dh

Miss Phyllis Dunning
Mr. Bussell
6/14/73
dh

REC-130

| | |
|---------------|----------|
| 67-276576-437 | |
| Searched | Numbered |
| 8 JUN 12 1973 | |

9 JUN 18 1973

60

3/1/74
in/wh

REC-150

May 17, 1973

PERSONAL

WSP-4p/p

Mr. W. Mark Felt
Federal Bureau of Investigation
Washington, D. C.

Dear Mark:

I have your letter of May 16, 1973, concerning your wish to retire and very much regret you are about to conclude your FBI career.

There are few men in this Bureau's history who have served in so many key positions and with such distinction. Your contributions have certainly added luster to this organization's reputation, and I want to express my appreciation for the capable and diligent manner in which you have discharged your duties. You have established a record of which you can indeed be proud.

Thank you for your good wishes and offer of future assistance. I hope that Mrs. Felt and you will find the years of retirement to be most happy and fulfilling.

RJS/ach (7)

Sincerely,

Bill

- 1 - Miss Tibbetts
- 1 - Data Processing Section (Sent Direct)
- 1 - Miss Goode (Last physical on 10/19/72)
- 1 - Mr. Heim--Mr. Felt's cease active duty date is 6/12/73. EOD 1/26/42, SA.

Place on Special Correspondents' List as his services are satisfactory. Forwarding address: 3216 Wynford Drive, Fairfax, Virginia 22030.

NOTE: Mr. Felt is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as Acting Associate Director, in GS-18, \$36,000 per annum. Pertinent retirement information will be furnished to Mr. Felt by the Personnel Section.

Mr. Felt _____
Mr. Baker _____
Mr. Callahan _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Gebhardt _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
Mr. Soyars _____
Mr. Thompson _____
Mr. Walters _____
Tele. Room _____
Mr. Baise _____
Mr. Barnes _____
Mr. Bowers _____
Mr. Herington _____
Mr. Conny _____
Mr. Mintz _____
Mr. Eardley _____
Mrs. Hogan _____

MAIL ROOM ☐

TELETYPE UNIT ☐

Mr. [Signature]

SCH-1 INVESTIGATOR
Mailing List
OML
Change Noted
5/29/73 sag

8 JUN 7 1973

Done 5/18/73
740

W. MARK FELT

June 14, 1973

Dear Clarence:

I want to take this means to express my sincere appreciation for the wonderful photographs taken of you at the White House. I also appreciate your taking the time to autograph them to Audrey and me. Your generous comments mean a great deal.

If there is any way in which I can be of assistance to you in the future, please do not hesitate to call on me.

With kindest personal regards,

Sincerely,

REC-137

Mark

| | |
|---------------|----------|
| 97-276576-438 | |
| Searched | Numbered |
| 2 | 13 |
| JUL 25 1973 | |

Mr. Clarence M. Kelley
Federal Bureau of Investigation
Kansas City, Missouri

9 JUL 12 1973

9 JUL 27 1973
143
*Mr Kelley
has seen
1/18/73
HCB*

*no ack nec.
gem
JW*

recd

UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH
WASHINGTON, D. C. 20415

June 1, 1973

Department of Justice
Federal Bureau of Investigation
Washington, D.C. 20535
Personnel Section
Room 4515

RCE:KHG:amb
CSA 1 513 643

JUL 13 1973

Original Sent to CSC

| REQUEST FOR INDIVIDUAL RETIREMENT RECORD (STANDARD FORM 2806) | | | |
|---|-------------|---------------------------|-----------------------------|
| NAME (Last) (First) (Middle) | | DATE OF BIRTH | SOCIAL SECURITY ACCOUNT NO. |
| Felt, Mark W. | | 08/17/13 | 511-46-0048 |
| OTHER NAMES UNDER WHICH EMPLOYED | | POSITION | |
| | | Acting Associate Director | |
| SERVICE CLAIMED IN CONNECTION WITH AN APPLICATION FOR | | | |
| <input checked="" type="checkbox"/> ANNUITY <input type="checkbox"/> DEATH BENEFITS <input type="checkbox"/> REFUND <input type="checkbox"/> DEPOSIT OR REDEPOSIT | | | |
| PERIODS OF SERVICE FOR WHICH A 2806 IS REQUESTED | | | |
| BEGINNING DATE | ENDING DATE | DEPARTMENT OR AGENCY | LOCATION |
| | 06/22/73 | | |

REMARKS:

The Commission has approved the application for retirement of Mr. Felt under 5 USC 8336(c).

Apprval recd. 6-7-73, eff ch 6-22-73, CA Dec 6-19-73 when went on CAAL thru 6-22-73; annuity to commence 6-23-73. MFL

Please attach this form to the 2806 forwarded. If Form 2806 is not submitted, please check one of the boxes on the reverse side of this form and furnish information as required.

b6
b7C

7-NOT RECORDED
9 JUL 17 1973

ST 13 1513

Copy sent to GSA

United States Civil Service Commission
Bureau of Retirement, Insurance, and Occupational Health
Claims Division
Washington, D.C. 20415

The requested information is furnished below as indicated by checked box:

☐ Form 2806 covering service claimed forwarded to the Civil Service Commission.

| | |
|---|-----------------------------|
| DATE FORM 2806 FORWARDED | REGISTER OF SEPARATIONS NO. |
| NAME AND DATE OF BIRTH SHOWN ON FORM 2806 | |

☐ No record of employment in this department or agency.

☐ Form 2806 cannot be forwarded. Employee on furlough until

(DATE)

☐ Employee not subject to the Civil Service Retirement System:

| | |
|-----------------------|----|
| FROM | TO |
| REASON FOR SEPARATION | |

Remarks

JUN 6 4 53 PM 1973

FBI

(AUTHORIZED CERTIFYING OFFICER)

(DATE)

(TITLE)

FOR THE PERSONNEL FILE OF W. MARK FELT

7-NOT RECORDED
4 JUL 12 1973

149

3
shw

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Gebhardt

DATE: June 25, 1973

FROM : R. E. Long

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1 - Mr. Gebhardt
1 - Mr. Long
1 - [redacted]
1 - Mr. Eardley

SUBJECT: WATERGATE HEARINGS

Mr. Felt _____
Mr. Baker _____
Mr. Callahan _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. G. J. Jones _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
Mr. Soyars _____
Mr. Thompson _____
Mr. Trotter _____
Tele. Room _____
Mr. Baise _____
Mr. Barnes _____
Mr. Bowers _____
Mr. Herington _____
Mr. C. J. _____
Mr. Mintz _____
Mr. Eardley _____
Mrs. Hogan _____

[redacted] Investigator, Majority Committee for the Senate Committee Investigating Presidential Campaign Matters, called to inquire if he could be furnished the telephone number for Messrs. W. Mark Felt, William C. Sullivan, and Cartha DeLoach. [redacted] was called at telephone number 225-0531, the secretary responded to the Senate Committee on Presidential Campaign and [redacted] was placed on the line. [redacted] was advised that the telephone number of Mr. Felt was 573-3216, the telephone number for Mr. Sullivan could be possibly obtained through the Justice Department, and the telephone number for Mr. DeLoach could possibly be determined through Pepsico at New York City.

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[redacted] advised that he has talked to Mr. DeLoach and would be subsequently calling Mr. Felt.

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[redacted] expressed his appreciation for the information and remarked that he would want to talk to them and it is not anticipated that any subpoenas would be issued at this time for their testimony before Senator Sam Ervin's Senate Select Committee.

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ACTION:

For information.

REL:ige
(5)

EX-109

REC-3

SI-117


REC-53

131-4187 2402

JUN 28 1973

7 SEP 4 1973
(63)

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees Group Life Insurance Program

| | | | | | | | | | | | | | |
|--|--|--|---|--|---|---|---|--------------------------|--|---|--|--|--|
| 1. NAME (Last) (First) (Middle) FELT, W. MARK | | | 2(a). DATE OF BIRTH (Month, Day, Year) 8-17-13 | 2(b). SOCIAL SECURITY NUMBER 511 46 0048 | | | | | | | | | |
| 3. CHECK THE REASON FOR TERMINATING INSURANCE | | | | | | | | | | | | | |
| <table border="0"><tr><td>(a) <input type="checkbox"/> SEPARATED</td><td>(c) <input type="checkbox"/> DIED</td><td rowspan="2"><table border="1"><tr><td>12 MONTHS NON-PAY STATUS</td></tr></table></td><td rowspan="2">(e) <input type="checkbox"/> OTHER (Specify)</td></tr><tr><td>(b) <input checked="" type="checkbox"/> RETIRED</td><td><table border="1"><tr><td>HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY?</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr></table></td></tr></table> | | | | | (a) <input type="checkbox"/> SEPARATED | (c) <input type="checkbox"/> DIED | <table border="1"><tr><td>12 MONTHS NON-PAY STATUS</td></tr></table> | 12 MONTHS NON-PAY STATUS | (e) <input type="checkbox"/> OTHER (Specify) | (b) <input checked="" type="checkbox"/> RETIRED | <table border="1"><tr><td>HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY?</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr></table> | HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (a) <input type="checkbox"/> SEPARATED | (c) <input type="checkbox"/> DIED | <table border="1"><tr><td>12 MONTHS NON-PAY STATUS</td></tr></table> | 12 MONTHS NON-PAY STATUS | (e) <input type="checkbox"/> OTHER (Specify) | | | | | | | | | |
| 12 MONTHS NON-PAY STATUS | | | | | | | | | | | | | |
| (b) <input checked="" type="checkbox"/> RETIRED | <table border="1"><tr><td>HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY?</td></tr><tr><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr></table> | HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? | | | | | | | | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | |
| 4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY | | | | | | | | | | | | | |
| <table border="0"><tr><td>(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED</td><td>(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY</td><td>(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)</td></tr></table> | | | | | (a) <input type="checkbox"/> CURRENT SF 54 ATTACHED | (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY | (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) | | | | | | |
| (a) <input type="checkbox"/> CURRENT SF 54 ATTACHED | (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY | (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) | | | | | | | | | | | |
| NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE. | | | | | | | | | | | | | |
| 5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 6-22-73 | 6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. \$ 36,000 PER ANNUM | 7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T): | 8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) | | | | | | | | | | |
| 9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. | | | | | | | | | | | | | |
|  (Personal signature of authorized agency official) | | | 6-22-73 (Date) | | | | | | | | | | |
| N. P. Callahan (Typed name of authorized agency official) | | | Assistant Director (Title) | | | | | | | | | | |
| Federal Bureau of Investigation (Name of agency) | | | Washington, D. C. 20535 (Mailing address, including ZIP Code of agency) | | | | | | | | | | |

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

Orig. SF 56 sent to agency at 3216 Weymouth Dr., Fairfax, Va. 22030. Rec'd by SF 389, orig. SF 3809 & SF 56 sent to Data Processing 6-11-73 was: 3/pe

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - a. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
 - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
 - (1) Employee waived or declined on SF 176 (or SF 176-T);
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]
 - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.

Illustrative Statement

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address—print or type)

(Date)

- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
3. If employee is receiving compensation benefits—
 - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
 - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
 - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
4. All other cases—

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.
5. In all cases—

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

U.S. Civil Service
Commission

FEDERAL EMPLOYEES-HEALTH BENEFITS PROGRAM

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

2810-110

Part A.—IDENTIFYING DATA

| | | |
|--|--|--|
| 1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Felt, W. Mark | 2. DATE OF BIRTH 8-17-13 | 3. CARRIER CONTROL NO. 3203754 |
| 4. ADDRESS (INCLUDING ZIP CODE) 3216 Wynford Drive Fairfax, Virginia 22030 | 5. PAYROLL OFFICE NO. 15-02-0001 | 6. ENROLLMENT CODE NO. 442 |
| 7. DATE THIS ACTION BECOMES EFFECTIVE 6-22-73 | | |

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

☒ YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):
**Bureau of Retirement, Insurance,
and Occupational Health
Civil Service Commission
Washington, D. C. 20415**

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

| | | |
|--|---------------|---|
| NAME | DATE OF BIRTH | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE | | |

Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

Employee annuitant

Part K.—DATE OF NOTICE

Thomas J. Feene
SIGNATURE OF AUTHORIZED AGENCY OFFICIAL
9 FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
92 WASHINGTON, D. C. 20535
NAME OF AGENCY

6-22-73
DATE

ADDRESS (INCLUDING ZIP CODE)

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

| | | | | | |
|---|--|-------------------------------|---|--|--|
| 1. NAME (CAPS) LAST—FIRST—MIDDLE FELT, W. MARK | | MR.—MISS—MRS. (MR.) | 2. (FOR AGENCY USE) | 3. BIRTH DATE (Mo., Day, Year) 8-17-13 | 4. SOCIAL SECURITY NO. 511-46-0048 |
| 5. VETERAN PREFERENCE 1 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER | | | 6. TENURE GROUP | 7. SERVICE COMP. DATE | |
| 9. FEGLI 1 1—COVERED (Regular only—declined Optional) 2—INELIGIBLE 3—WAIVED 4—COVERED (Reg. & Opt.) | | | 10. RETIREMENT 1 1—CS 2—FICA 3—FS 4—NONE 5—OTHER | | 11. (FOR CSC USE) |
| 12. CODE NATURE OF ACTION RETIREMENT | | | 13. EFFECTIVE DATE (Mo., Day, Year) cb 6-22-73 | | 14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
| 15. FROM: POSITION TITLE AND NUMBER Assistant Director - Deputy Associate Director 110 | | | 16. PAY PLAN AND OCCUPATION CODE GS | 17. (a) GRADE OR LEVEL 13 (b) STEP OR RATE 1 | 18. SALARY \$36,000 pa. |
| 19. NAME AND LOCATION OF EMPLOYING OFFICE Associate Director's Office | | | | | |

| | | | | |
|---|----------------------------------|------------------------|------------------|------------|
| 20. TO: POSITION TITLE AND NUMBER | 21. PAY PLAN AND OCCUPATION CODE | 22. (a) GRADE OR LEVEL | (b) STEP OR RATE | 23. SALARY |
| 24. NAME AND LOCATION OF EMPLOYING OFFICE | | | | |

| | | | |
|--|--|---|--|
| 25. DUTY STATION (City—county—State) | | 26. LOCATION CODE | |
| 27. APPROPRIATION S. & E., FBI | | 28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2 2—EXCEPTED SERVICE | 29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2 |

30. REMARKS:

A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING

B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

C. DURING PROBATION

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED CHECK IF APPLICABLE:

At his request, he voluntarily retired in view of Section 8336(c) 5 USC of the Civil Service Retirement Act. (At least age 50, and 20 years or more investigative experience). Annuity payments to commence 6-23-73.

Employee retired for personal considerations.

Forwarding Address: 3216 Wynford Drive, Fairfax, Virginia 22030

Paid hereon for the period 6/10/73 thru cb 6/22/73.

Lump-sum payment to cover 415 hrs. beginning bob 6/25/73 and ending after 7/hrs. on 9/4/73. 2 holidays included.

R 80 LSP 415 2 holidays included.

CORRESPONDENCE

| | | | |
|---|--|--|--|
| 31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) | | 34. SIGNATURE (Or other authentication) AND TITLE Walter H. Runkle Acting Director | |
| 32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office) | | 35. DATE 6-8-73 | |
| 33. CODE EMPLOYING DEPARTMENT OR AGENCY DJ 02 FEDERAL BUREAU OF INVESTIGATION WASHINGTON D C 20535 | | | |

MEDICAL REPORTS

Personnel File of: FELT, W. MARK

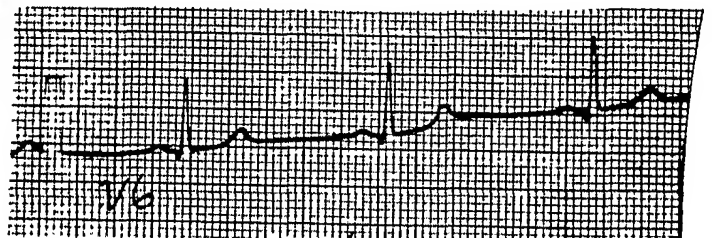
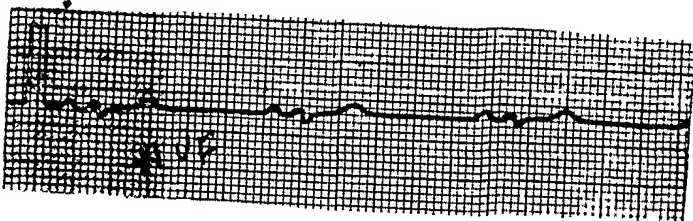
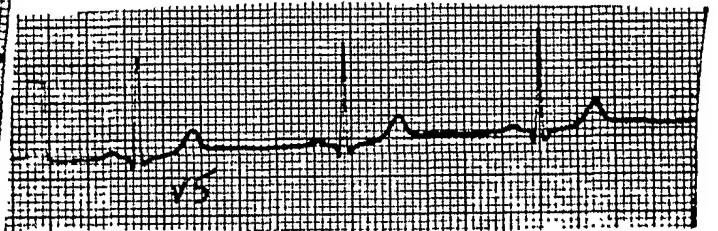
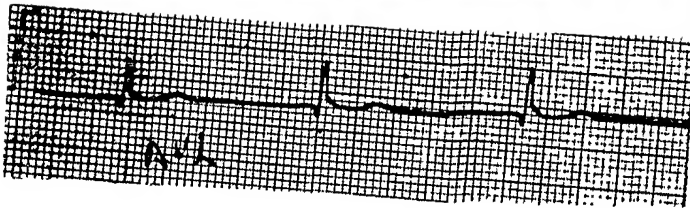
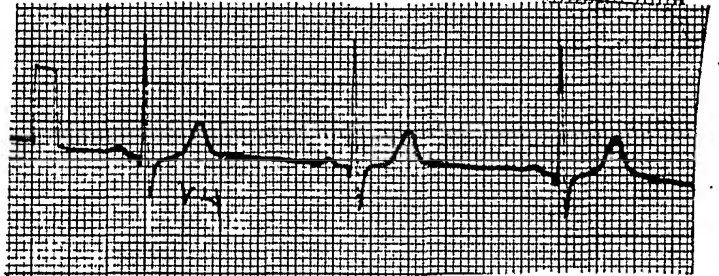
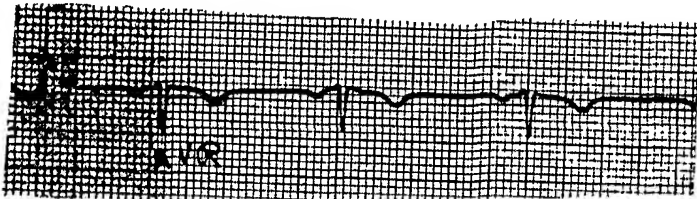
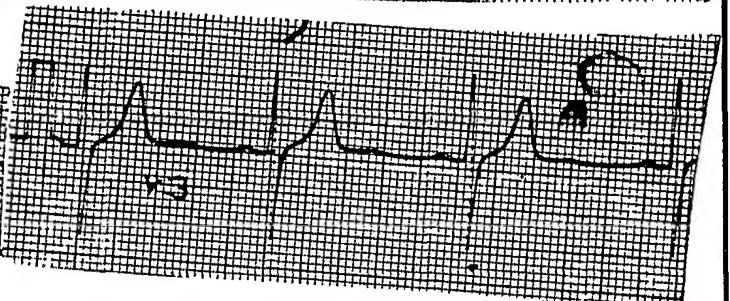
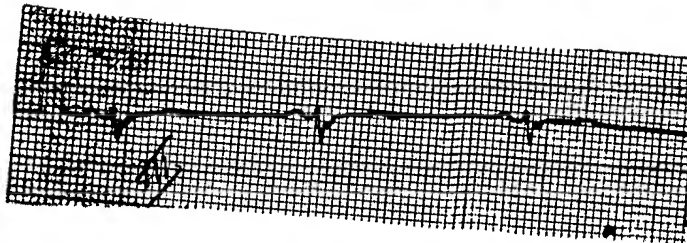
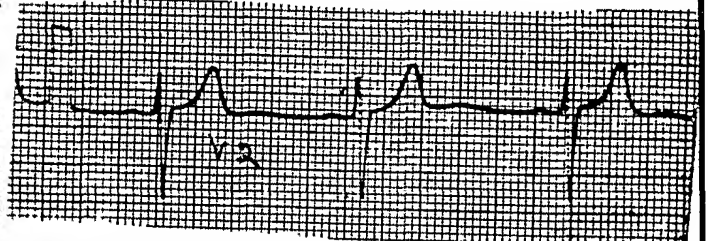
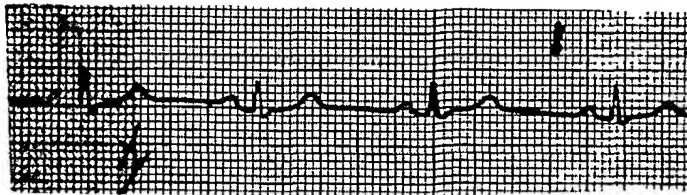
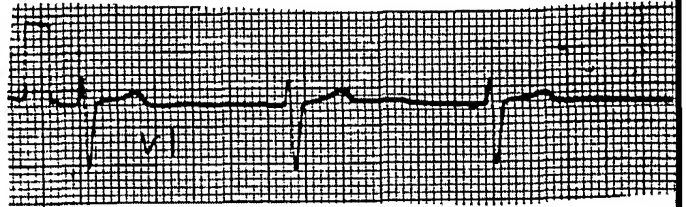
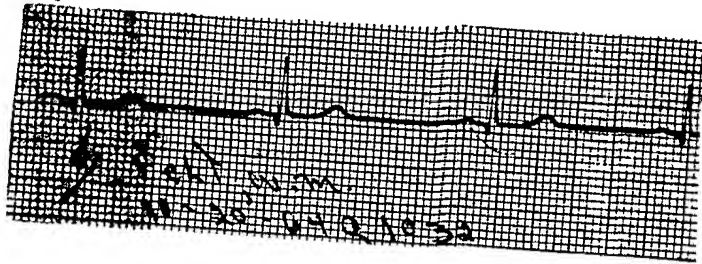
Personnel File No. _____

Ret 6-12-73

101

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415



PREVIOUS E.C.G.

| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | PREVIOUS ECG | |
|--|-----|------|---------|--------|-------|-----------------------------|--|---|----------|
| CLINICAL IMPRESSION | | | | | | MEDICATION | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | | | | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT | |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | | DATE |
| 51 | M | Cauc | 72 1/2" | 171 | | | | | 10-20-64 |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| INTERVALS | | | | | | P WAVES | | AURIC. VENT. | |
| PR | | | | | | QRS | | QT | |
| QRS COMPLEXES | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | |
| SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: | | | | | | | | | |
| WNL | | | | | | | | | |

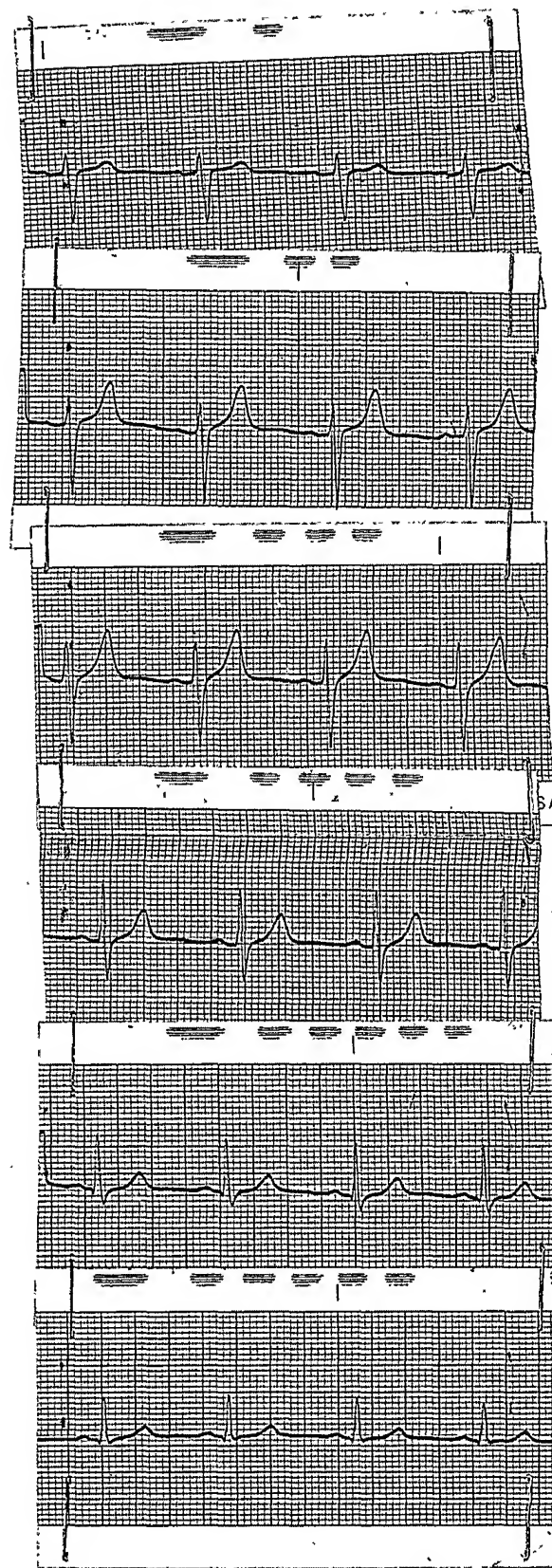
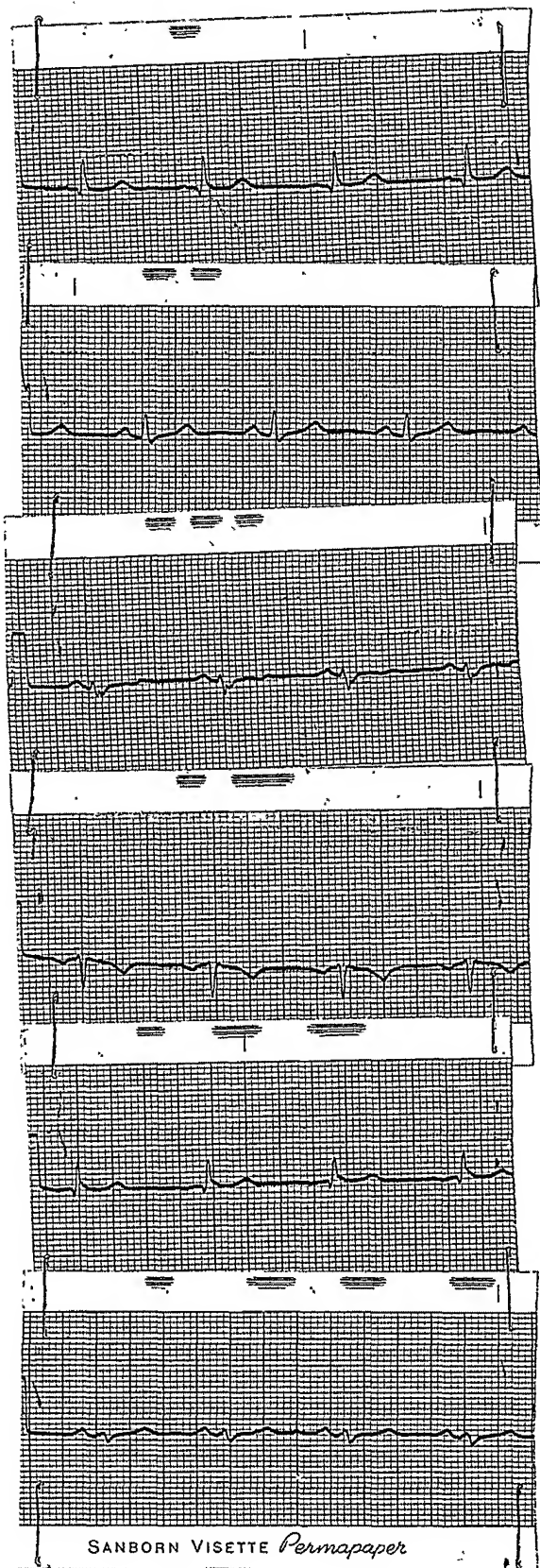
(Continue on reverse)

| | | | |
|---|-----------|--------------|--------------|
| NO. | SIGNATURE | TITLE | DATE |
| ECG | | Lt. | 10-20-64 |
| PATIENT'S IDENTIFICATION (For typed or middle; gra) | | REGISTER NO. | WARD NO. |
| Felt, W. Mark | | FBI | STAFF CLINIC |

Felt, W. Mark
Inspector - FBI
NNMC

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ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
570-104
(Attach tracings to S. F. 507)



| | | | | | | | | | | | | | |
|------------------------------------|-----|------|--------|--------|-------|-----------------------------|--|--|--|--|--|--|--|
| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | | | | | PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CLINICAL IMPRESSION | | | | | | MEDICATION | | | | | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT | |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | | | | | DATE 1 Nov 61 | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | | | | | RATES AURIC. VENT. | |
| INTERVALS | | | | | | P WAVES | | | | | | | |
| PR | | | | | | QRS | | | | | | QT | |
| QRS COMPLEXES | | | | | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | | | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | | | | | |

Tiny Q with insignificant ST depression in T & AVL

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

This EKG is within the limits of normal

(Continue on reverse)

| | | |
|--------------------------|--|------------------|
| NO. | | DATE 1 Nov 61 |
| ECG | | |
| PATIENT'S IDENTIFICATION | | WARD NO. |

Mark Felt
agent in charge

b6
b7C

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
20-103
(Attach tracings to S. F. 507)

MR. W. MARK FELT (21)

| <u>DATE</u> | <u>CHOLESTEROL</u> | <u>TRIGLYCERIDE</u> | <u>BETA</u> | <u>FASTING</u> |
|--|--------------------|---------------------|-------------|----------------|
| 6/15/72 | 276 | 6.53 | IV | |
| <div></div> advised that he did not feel too concerned regarding results of the official's test but that he should be given the special Cholesterol Type IV Diet to follow. Above handled by Mrs. Stewart. (7/10/72) | | | | |
| 10/25/72 | 231 | 6.63 | - | |
| <div></div> advised that Mr. Felt continue to follow his Type IV ^{yes} Diet. Mr. Felt advised 11/20/72. | | | | |

b6
b7C

MR. W. FELT (21)

| <u>DATE</u> | <u>CHOLESTEROL</u> | <u>TRIGLYCERIDE</u> | <u>FASTING</u> |
|-----------------------------------|---|---------------------|------------------------|
| 11-21-68 | 254 | 7.56 | Black coffee - |
| 3-20-69 | 228 | 3.58 | Oatmeal - milk, Butter |
| 12/18/69 | 260 | 2.48 | Toast - 4 pieces |
| 3/19/70 (did not participate) | | | |
| 7/23/70 | 290 | 6.57 | No - large bkt. |
| 10/22/70 | 242 | 8.45 | yes |
| 1/21/71 | 250 | 6.46 | yes |
| 5/20/71 --- (Did not participate) | | | |
| 8/19/71 | 234 | 9.44 | yes |
| 11/18/71 | 226 | 3.63 | |
| 2/17/72 | 330 | 5.71 | yes |
| b6 b7C | [redacted] recommended that Mr. Felt be placed on a special Cholesterol Type II Diet. Above official advised by Mrs. Stewart, and given the above diet. | | |

MR. W. FELT (21)

Height 6' - Last Annual
Weight 179 - Physical 11-21-67

~~Fasting~~
yes.

| DATE | CHOLESTEROL | TRIGLYCERIDE | BETA LIPO | FASTING |
|----------|-------------|--------------|-----------|---------------------------------|
| 8-31-65 | 240 | 9.75 | 83 | yes |
| 12-17-65 | 246 | 2.32 | 66 | yes |
| 6-2-66 | 204 | 5.76 | | Bft - acid & sugar tooth. |
| 12-15-66 | 259 | 10.10 | | Bft |
| 7-13-67 | 257 | 7.25 | | No Bft |
| 2-15-68 | 340 | 15.80 | | Small Bft. |
| 5-16-68 | 262 | 6.04 | | coffee (100% w/4 + exercise) |
| 8-22-68 | 260 | 4.92 | | yes 168 th |
| | | | | No opressi Alc - 2-4 oz. |

FBI/DOHOP

NO 30-55

DATE 3-25-55

PATIENT Felt, W. Mark

AGE 41

REFERRED BY

ELECTROCARDIOGRAPHIC REPORT

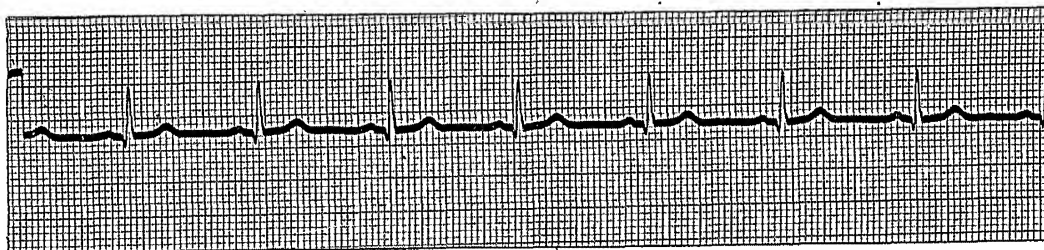
ELECTROCARDIOGRAPHIC REPORT

UNIVERSAL CARD MOUNT FORM 180-U-2

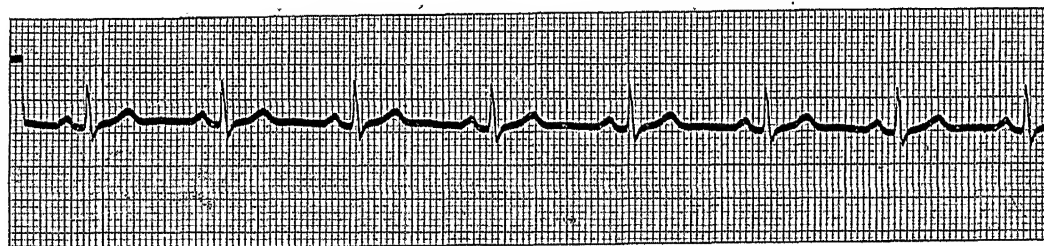
CAMBRIDGE INSTRUMENT CO., INC.

b6
b7C

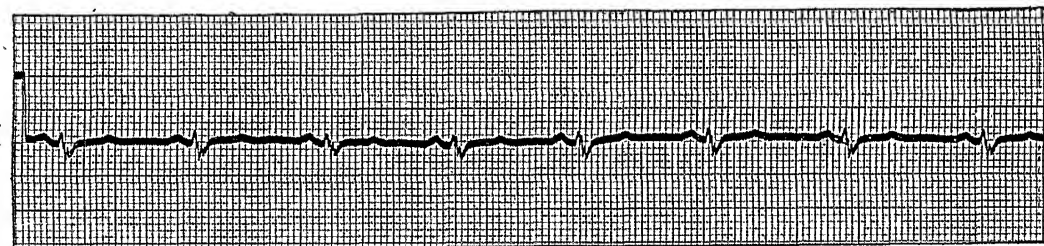
LEAD I



LEAD II

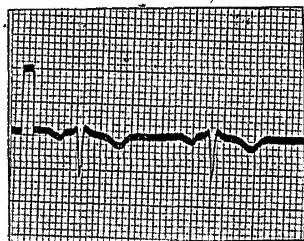


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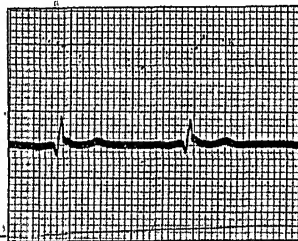


UNIPOLAR LIMB LEADS

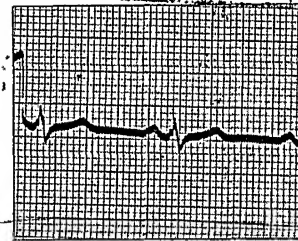
aVr



aVl



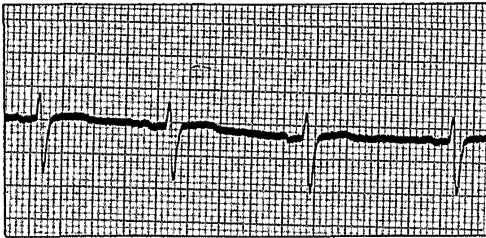
aVf



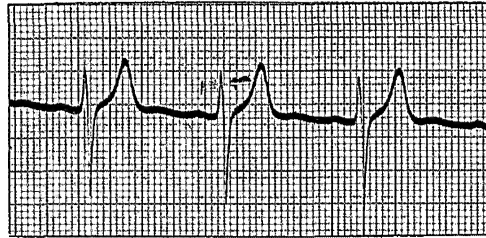
RATE: AUR. _____ VENT. _____ RHYTHM _____ PATIENT POSITION _____
INTERVALS: P-R _____ Q-R-S _____ R-T _____ ELECTRICAL AXIS _____

UNIPOLAR PRECORDIAL LEADS

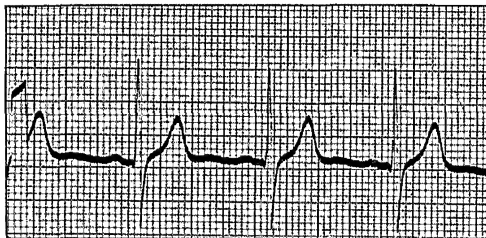
V1



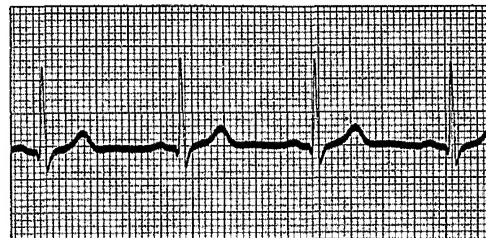
V2



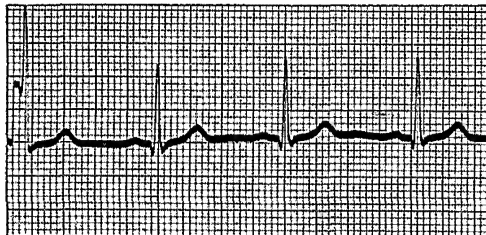
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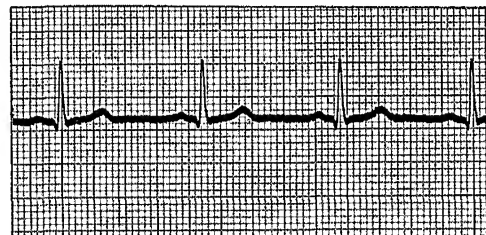
V4



V5



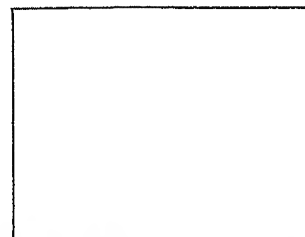
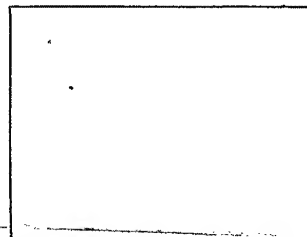
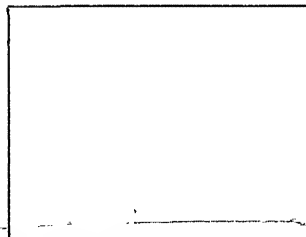
V6



CR

PRECORDIAL LEADS
CL

CF



b6
b7C

CLINICAL CONCLUSIONS *There is a suggestive criteria of incomplete RBBB, however, insufficient for definite diagnosis. Tracing is considered within normal limits.* M. Da

FBI/DOJ
NO 30-55

DATE 3-25-55

ELECTROCARDIOGRAPHIC REPORT
PATIENT Felt, W. Mark

AGE 41

REFERRED BY

4

PATIENT FELT WILLIAM MARK SERIAL NO. O.P.D. DATE 22 May 57
AGE 43 SEX M CASE NO. _____ DOCTOR

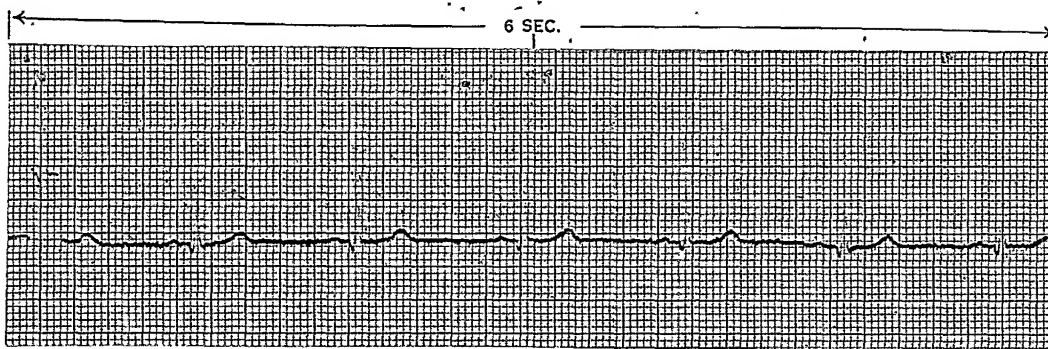
b6
b7C

DISTRIBUTED BY
GENERAL ELECTRIC COMPANY
X-RAY DEPARTMENT
MILWAUKEE, WISCONSIN

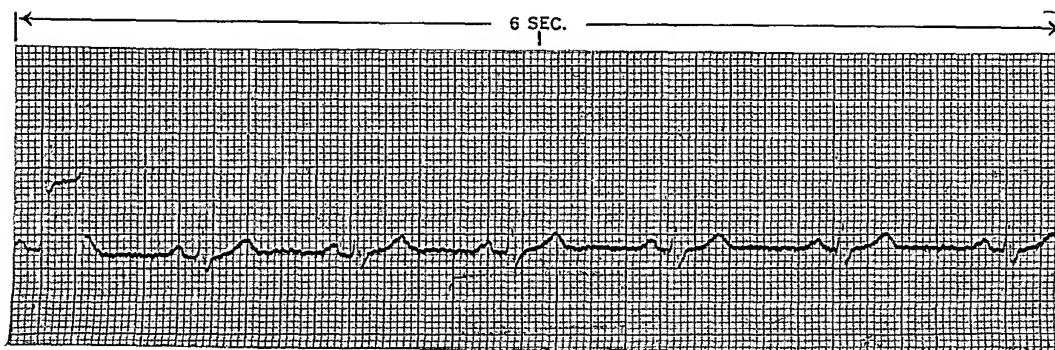
PRINTED IN U.S.A.

47-274 576-212

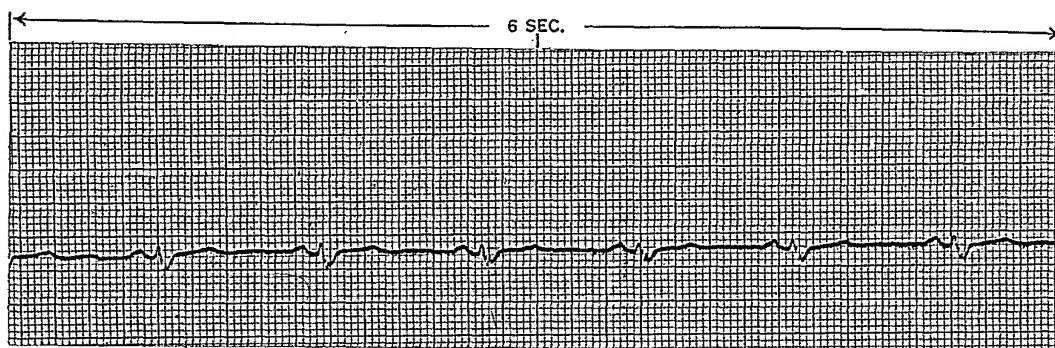
LEAD 1



LEAD 2



LEAD 3

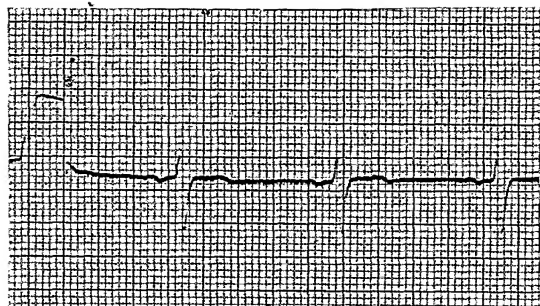


| | | | | |
|------------------|--------|----------------|------------------|-----------------|
| AURICULAR RATE | 68 | QT = 34 | PATIENT POSITION | Supine |
| VENTRICULAR RATE | 68 | P-R INTERVAL | 18 | |
| RHYTHM | NSR | Q-R-S INTERVAL | 109 | ELECTRICAL AXIS |
| T WAVES | Normal | S-T SEGMENT | Isoelectric | Left |

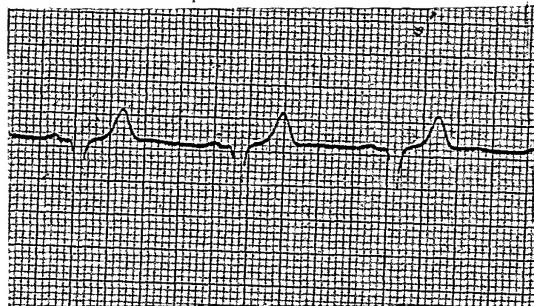
REMARKS

Normal EKG
HMS

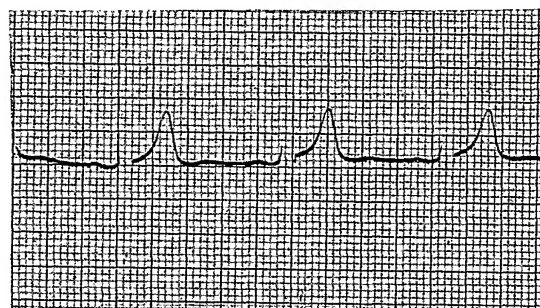
LEAD
CF₁
CR₁
CL₁
V₁



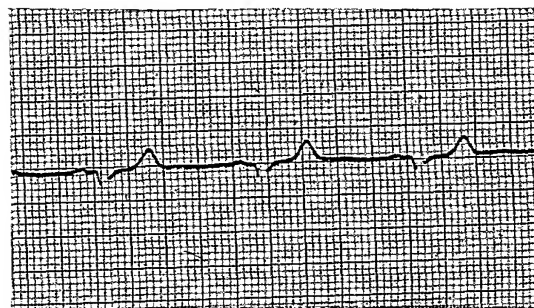
LEAD
CF₄
CR₄
CL₄
V₄



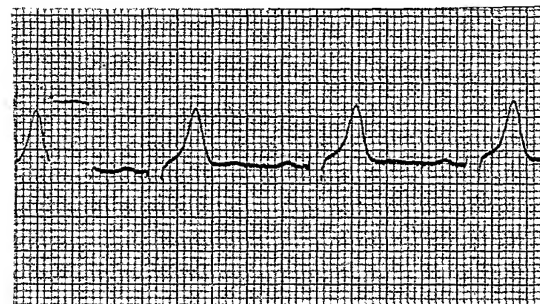
LEAD
CF₂
CR₂
CL₂
V₂



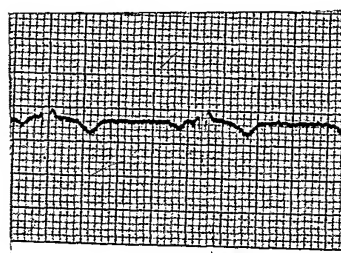
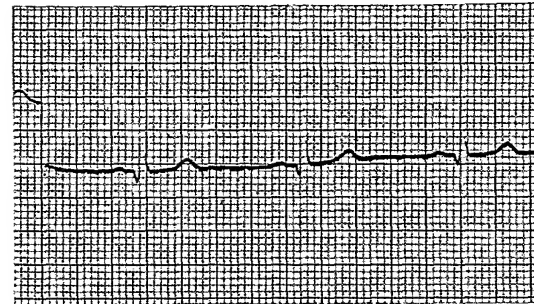
LEAD
CF₅
CR₅
CL₅
V₅



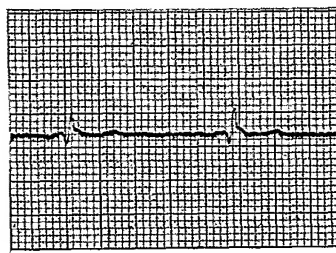
LEAD
CF₃
CR₃
CL₃
V₃



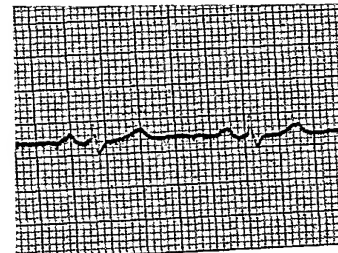
LEAD
CF₆
CR₆
CL₆
V₆



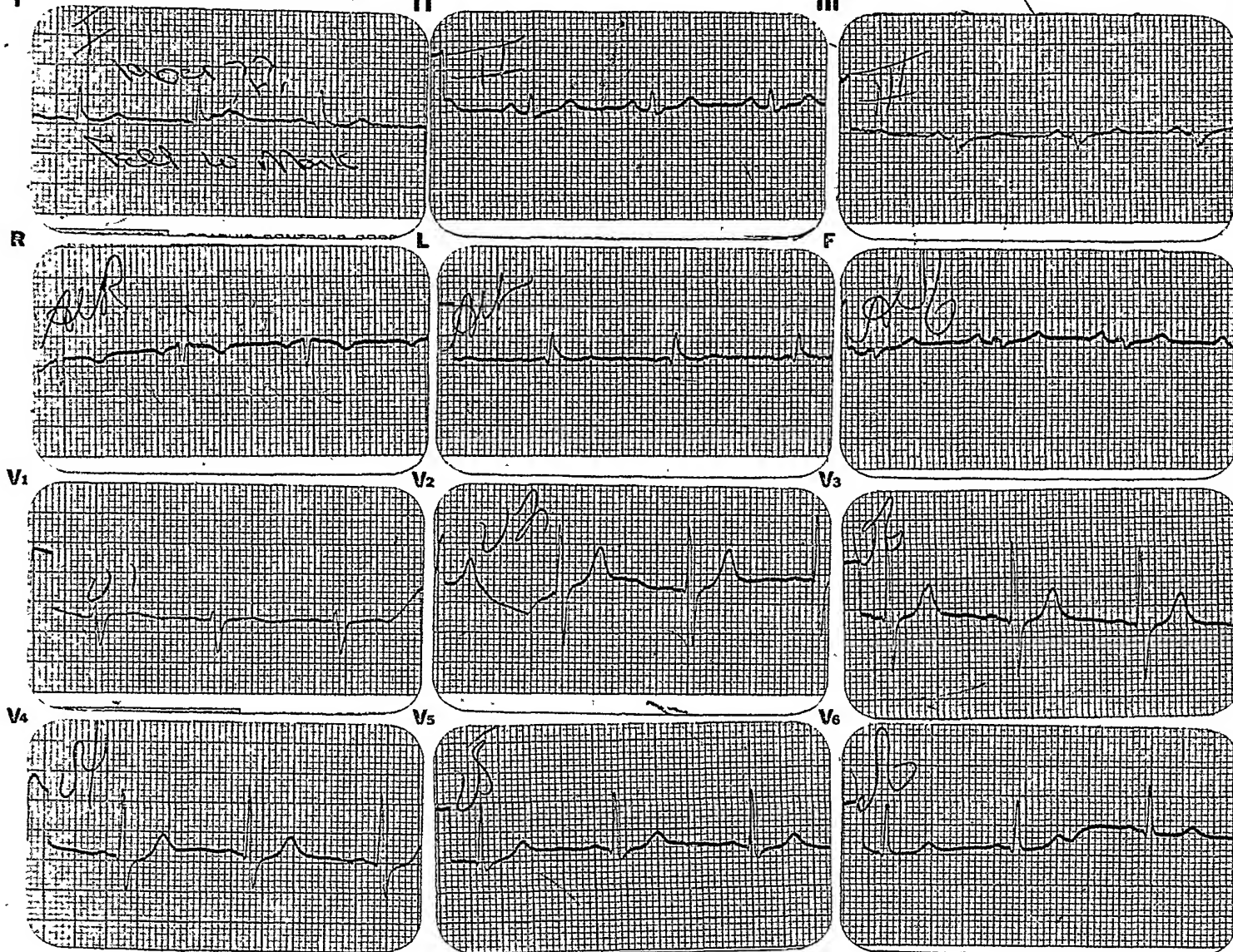
LEAD VR AVR



LEAD VL AVL



LEAD VF AVF



CLIN. DIAG.:

HAD
EKG IN 1970

DIG. () QUIN 58 AGE SEX B.P.

DATE 19 OCT 72

ECG DESCRIPTION ROUTINE

b6
b7C

ECG REQUEST BY [REDACTED]

ATR. RATE VENTR. RATE

INTERVALS: P-R QRS QTc

AXIS: 0

RHYTHM: SINUS.

INTERPRETATION:

PATIENT:

WNL
NSC since Jan 70
FELT, W. MARK
ACT. ASSOC., DIR, FBI
DOB - 8-17-13

b6
b7C

J.N.Mc

INTERPRETED BY: [REDACTED]

FBI PE RM 202

WNL

EKG ATTACHED
AT UNMC

| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | | | PREVIOUS ECG | |
|---|-----|------|--------|--------|--------|-----------------------------|--|--|--|------------------------------------|-----------------------------------|
| CLINICAL IMPRESSION <i>ROUTINE for FBI</i> | | | | | | MEDICATION <i>none</i> | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | | | | | | | | | <input type="checkbox"/> EMERGENCY | <input type="checkbox"/> BEDSIDE |
| | | | | | | | | | | <input type="checkbox"/> ROUTINE | <input type="checkbox"/> AMBULANT |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGN. | | | | | DATE |
| 57 | M | Cauc | 72 3/4 | 173 | 130/80 | | | | | | 11-6-70 |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | | | RATES | |
| | | | | | | | | | | AURIC. | VENT. |
| INTERVALS | | | | | | P WAVES | | | | b6 | |
| PR | | | | | | QRS | | | | b7C | |
| QT | | | | | | | | | | | |
| QRS COMPLEXES | | | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | | | |

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

b6
b7C

(Continue on reverse)

| | | | |
|---|-----------|--------------------|----------|
| NO. | SIGNATURE | TITLE | DATE |
| ECG 434 | | | 6 Nov 70 |
| PATIENT'S IDENTIFICATION (For initials, name, date; hospital or medical facility) | | REGISTER NO. | WARD NO. |
| FELT, W. MARK | | FBI. PHY. EXAM SEC | |

ASST. DIR. FBI
CURG H

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-104-02

(Attach tracings to S. F. 507)

Felt, M.

ECG MOUNTING RECORD

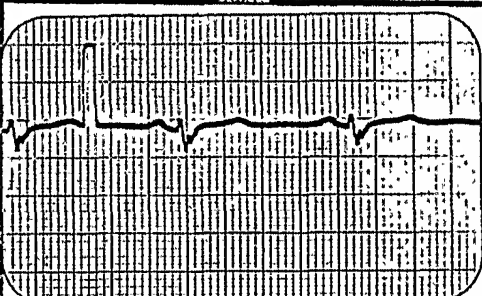
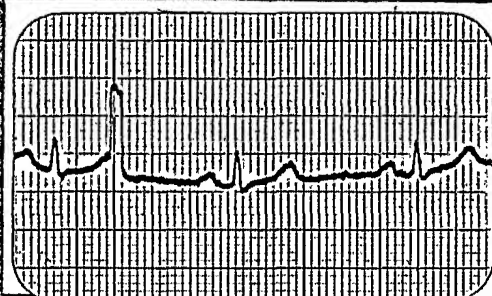
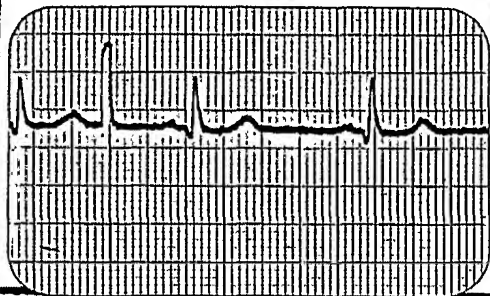
6 Nov 70

H

I

II

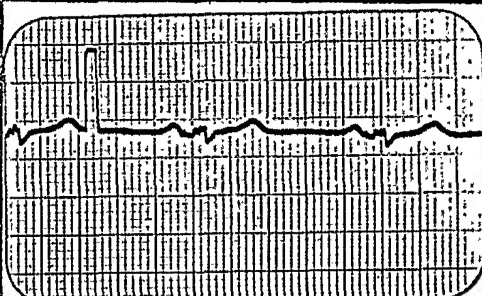
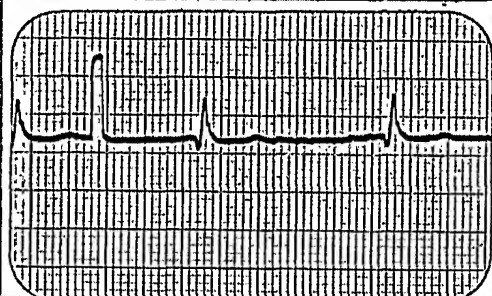
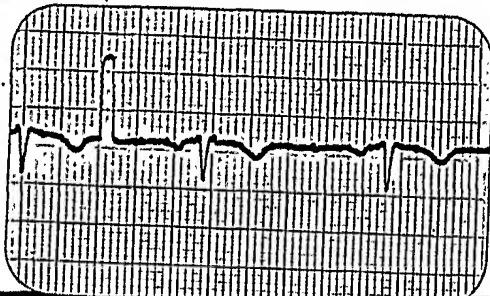
III



aVR

aVL

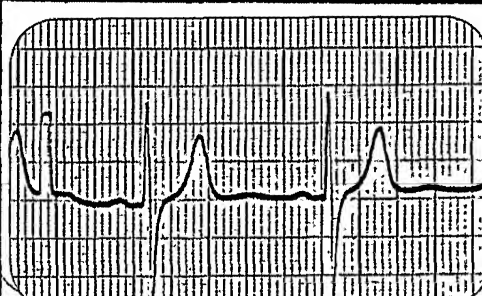
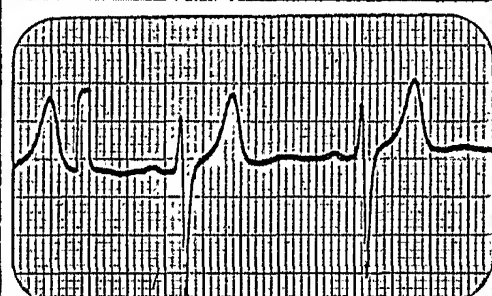
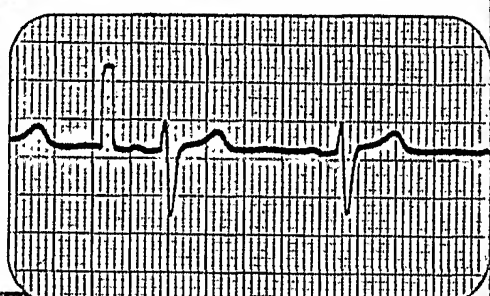
aVF



V1

V2

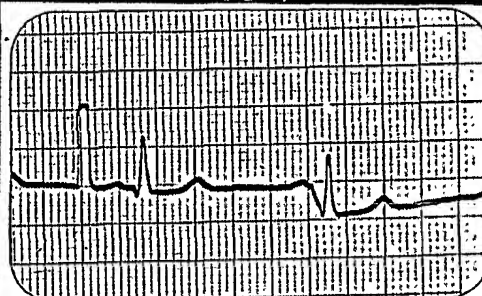
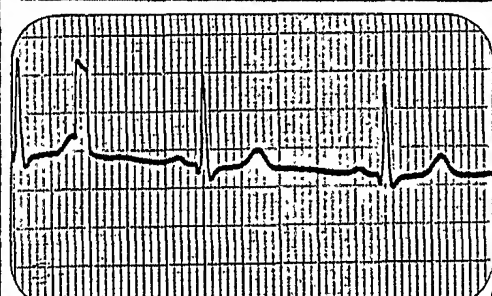
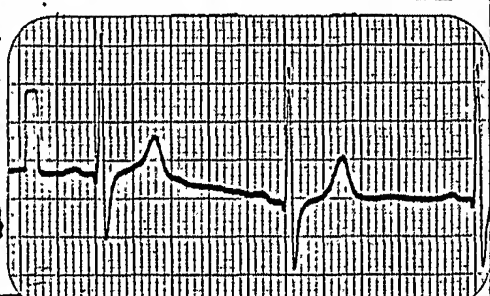
V3



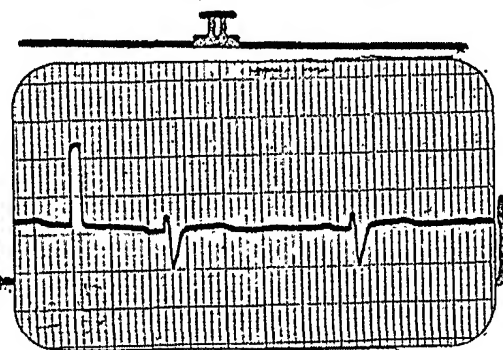
V4

V5

V6



V4R



| CLINICAL RECORD | | | | ELECTROCARDIOGRAPHIC RECORD | | | | PREVIOUS ECG | |
|---------------------------------------|-----|------|--------|-----------------------------|-------|-----------|--------------|---|--|
| CLINICAL IMPRESSION ROUTINE | | | | MEDICATION | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | | | | | <input type="checkbox"/> EMERGENCY | <input type="checkbox"/> BEDSIDE |
| | | | | | | | | <input checked="" type="checkbox"/> ROUTINE | <input checked="" type="checkbox"/> AMBULANT |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE | DATE | | |
| 55 | M | CAU | 72 | 179 | | | 1-27-70 | | |
| RHYTHM | | | | | | (QRS) | RATES | | |
| | | | | | | | AURIC. VENT. | | |
| INTERVALS | | | | | | P WAVES | | | |
| PR | | | | | | QRS | | QT | |
| QRS COMPLEXES | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| Lateral shortening | | | | | | | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | |

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NSCS 11/27/68

b6
b7C

| (Continued on reverse) | | | |
|---|-----------|-------|---------|
| NO. | SIGNATURE | TITLE | DATE |
| ECG | | | 1/27/70 |
| PATIENT'S IDENTIFICATION (For type of identification, see instructions on reverse: Name—last, first, middle; grade; date; hospital or medical facility) | | | |

FELT W. MARK
ASST. DIR. FBI
NNML

RESISTANCE NO. FBI PE RM 209

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-101
(Attach tracings to S. F. 507)

PREVIOUS ECG
☒ YES ☐ NO

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☒ AMBULANT

AGE

SEX

RACE

HEIGHT

WEIGHT

B. P.

SIGNATURE OF WARD PHYSICIAN

DATE

52

M

CAUC

72 1/2

173

11-1-65

RHYTHM

AXIS DEVIATION (QRS)

RATES

AURIC. VENT

INTERVALS

P WAVES

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

b6
b7C

NO

ECG

SIGNATURE

(on reverse)

TITLE

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Felt, W. Mark

Asst. Dir. - FBI

NNMC

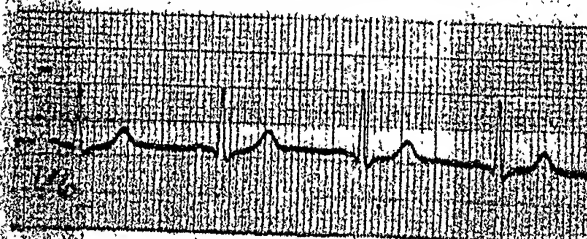
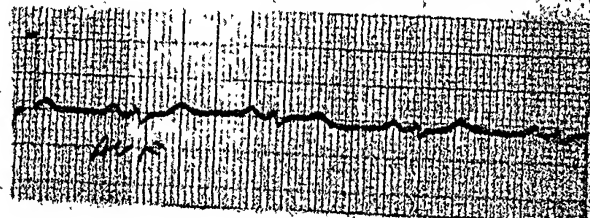
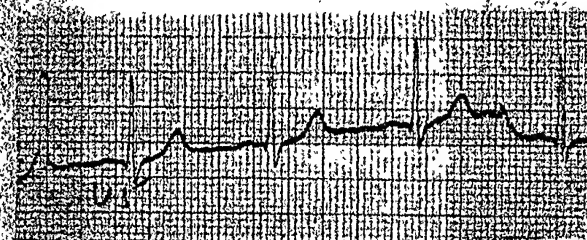
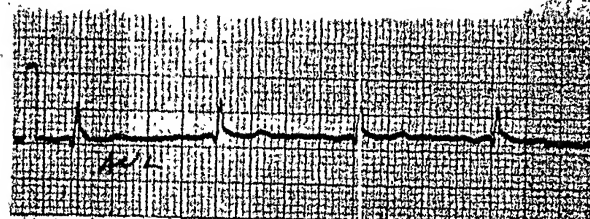
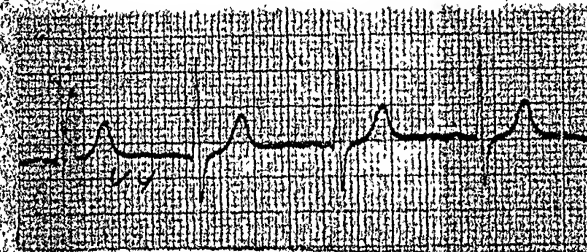
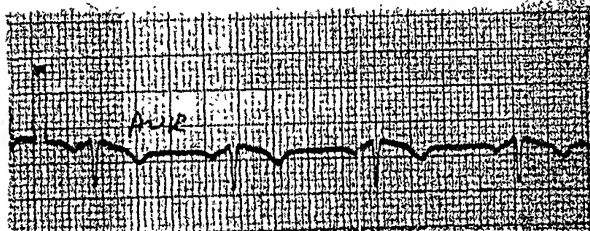
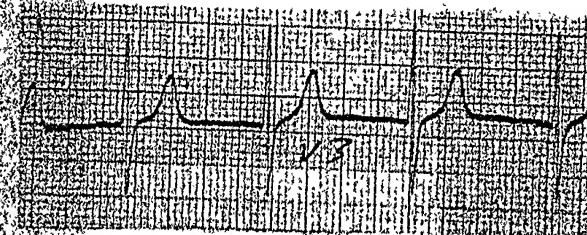
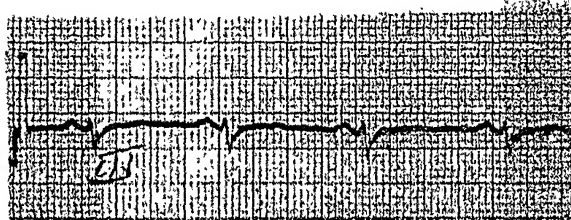
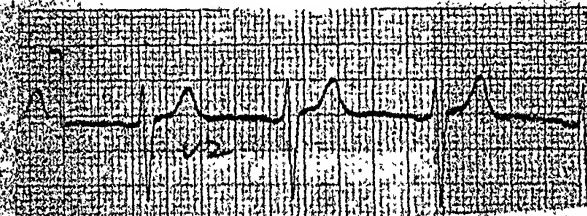
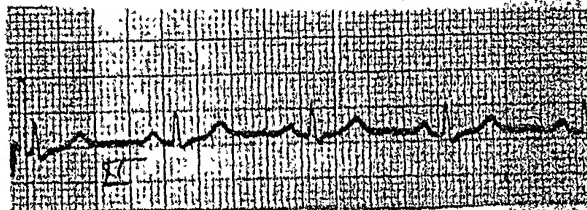
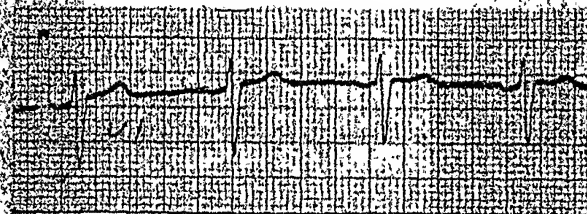
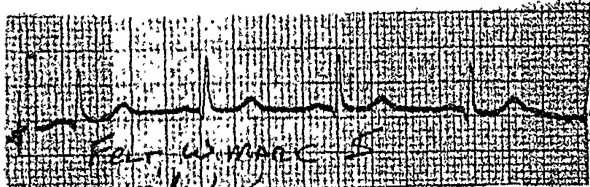
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520 101

(Attach here to S F 507)

RI

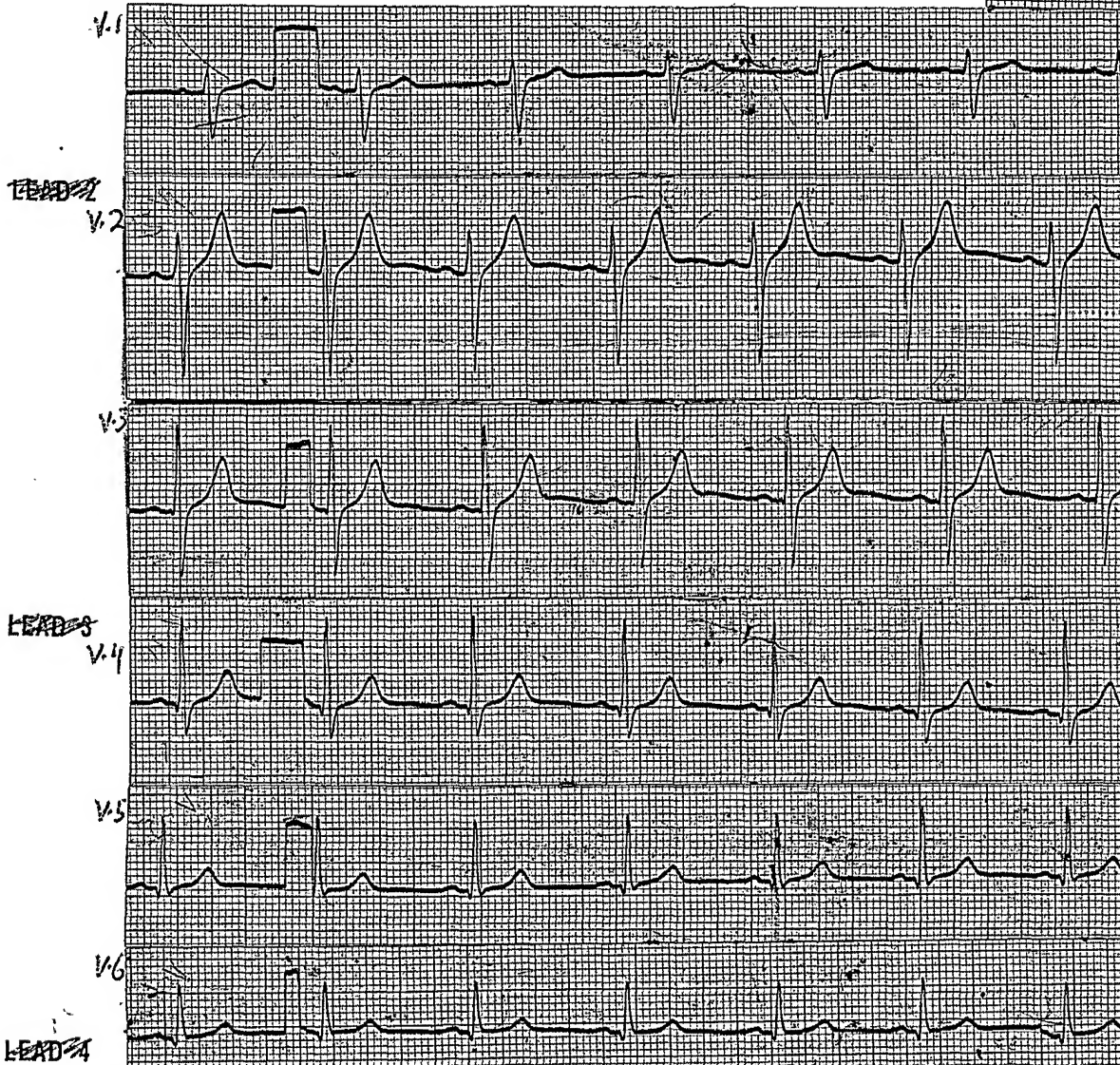
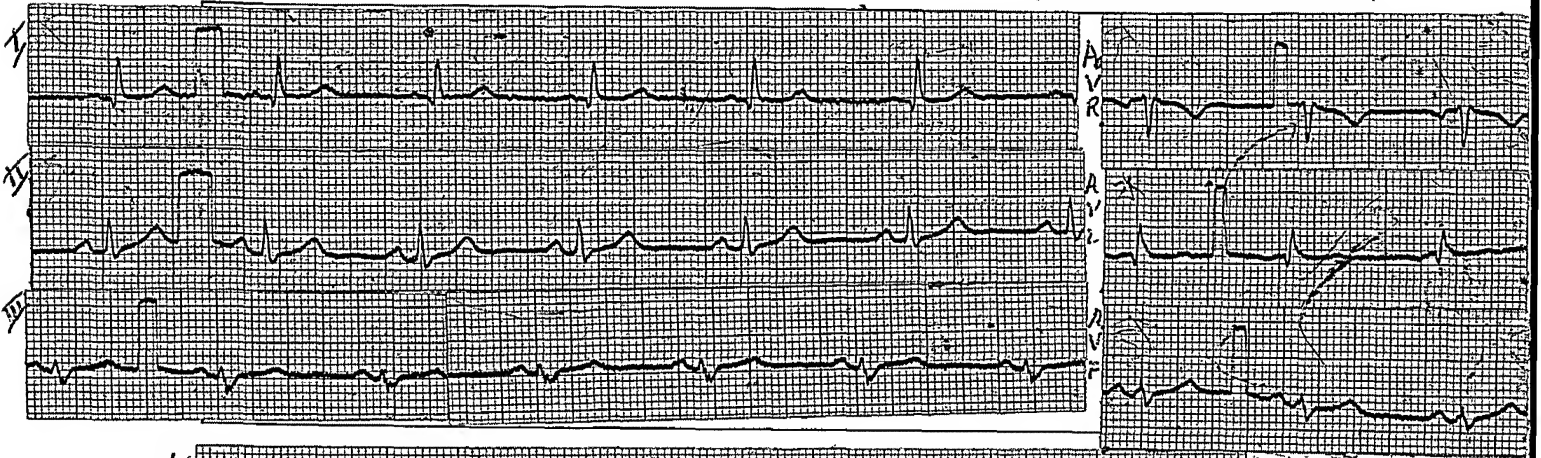


SANBORN ELECTROCARDIOGRAPH RECORD MOUNTING CARD

PATIENT *FELT*
DOCTOR

SERIAL NO. *F.B.I.* DATE *9-8-60*
CASE NO. AGE *48*

(FINDINGS ON BACK OF THIS CARD)



AURICULAR RATE

VENTRICULAR RATE

RHYTHM

P-R INTERVAL

(NORMAL P-R, 0.1 to 0.2 Sec.)

Q-R-S INTERVAL

(NORMAL Q-R-S, Not over 0.1 Sec.)

REPORT OF FINDINGS

REMARKS

Normal

Supplied by

SANBORN COMPANY

195 Massachusetts Ave., Cambridge 39, Mass.

Parts No. P-101

PRINTED
IN
U.S.A.

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES

☐ NO

CLINICAL IMPRESSION

Routine

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☒ AMBULANT

AGE

SEX

RACE

HEIGHT

WEIGHT

B. P.

SIGNATURE OF WARD PHYSICIAN

DATE

55

M

Cauc

72"

179

11-27-68

RHYTHM

(RS)

RATES

AURIC.

VENT.

INTERVALS

P WAVES

b6

QRS COMPLEXES

b7C

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

*No previous tracing available
for comparison.
Within normal limits.*

b6
b7C

NO.

ECG

(reverse)

TITLE

DATE

PATIENT'S IDENTIFICATION

(last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

FBI

WARD NO.

T-18

Felt, W. Mark

Assistant Director - FBI

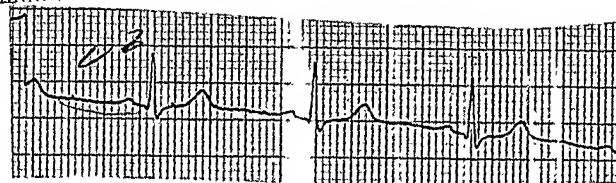
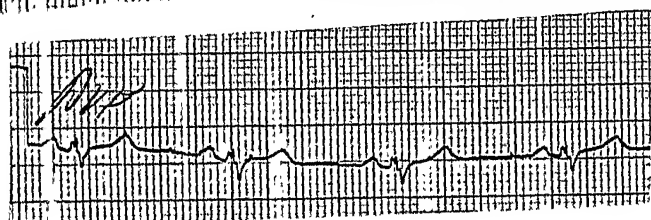
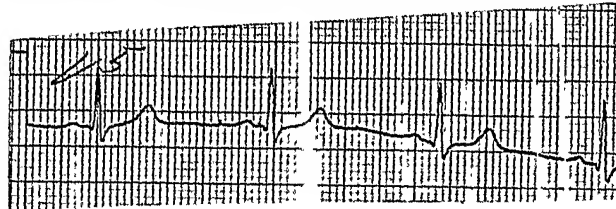
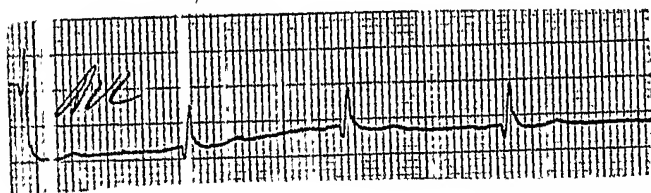
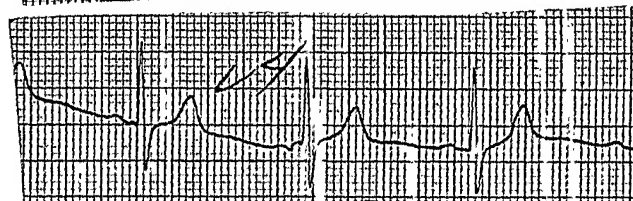
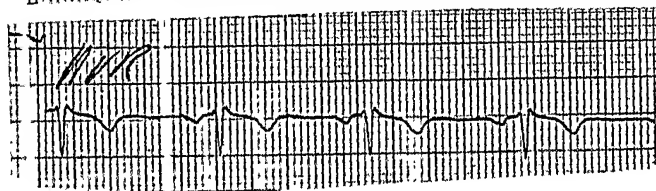
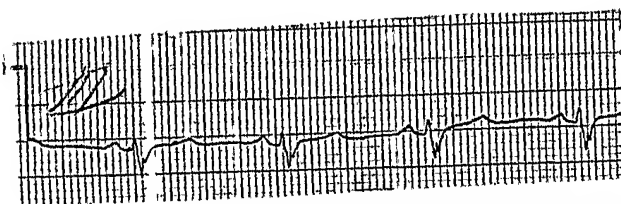
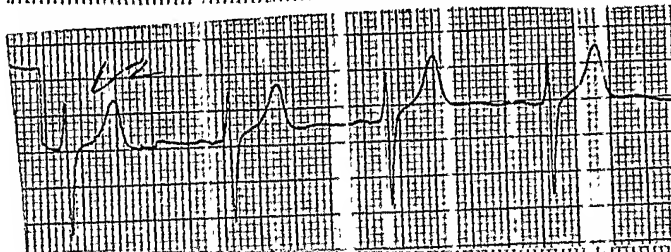
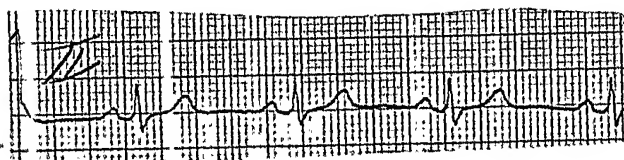
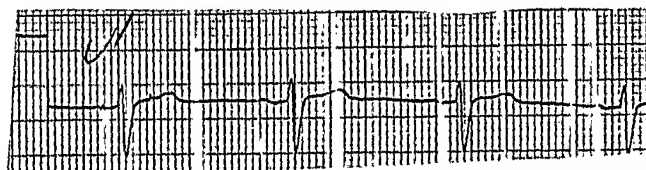
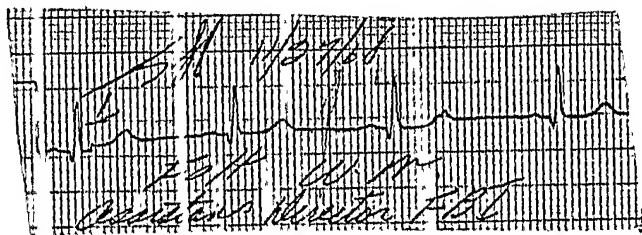
NNMC

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-10-1

(Attach tracings to S. F. 507)



Standard Form 530
Rev. 1-1-64
GPO : 1964 O - 342-122

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

CLINICAL IMPRESSION

MEDICATION

PREVIOUS ECG

YES

NO

AGE

SEX

RACE

HEIGHT

WEIGHT

B.P.

SIGNATURE OF WARD PHYSICIAN

EMERGENCY

ROUTINE

ROUTINE

ROUTINE

DATE

11-21-67

INTERVALS

P-R

Q-T

QRS COMPLEXES

Q-T

AXIS DEVIATION (QRS)

RATES

AXIS

AXIS

P WAVES

QRS COMPLEXES

T WAVES

UNIPOLAR EXTREMITY LEADS (copy)

PRECORDIAL LEADS (copy)

SUMMARY, SERIAL CHANGES AND IMPLICATIONS

WNL

b6
b7C

NO.

ECG

7947/67

SIGNATURE

(Cont)

FILE

PATIENT'S IDENTIFICATION (For typed initials, name, date, hospital or medical facility)

DATE

11-25-67

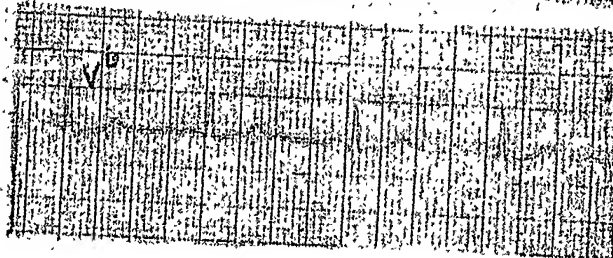
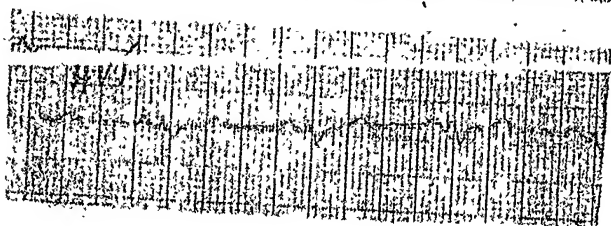
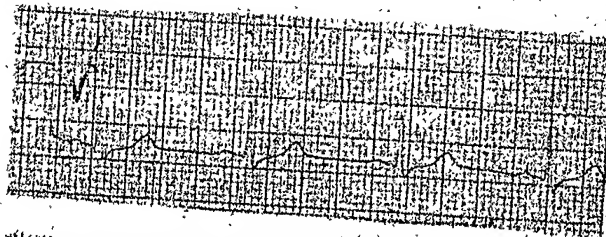
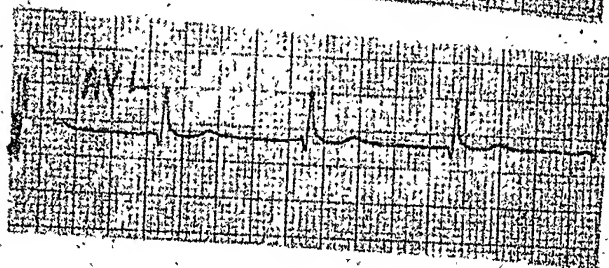
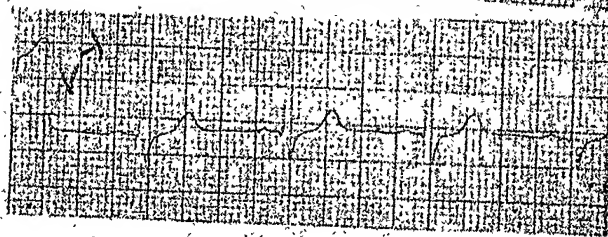
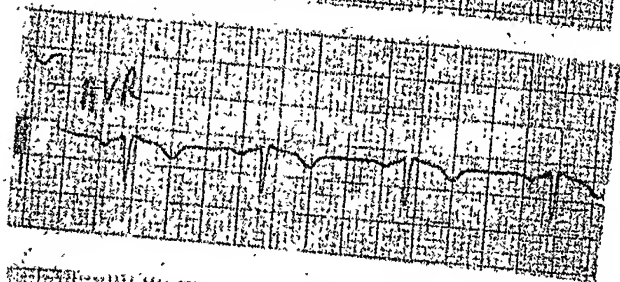
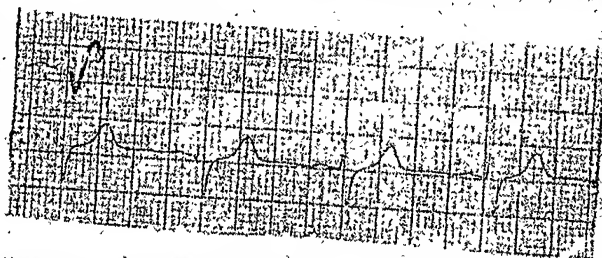
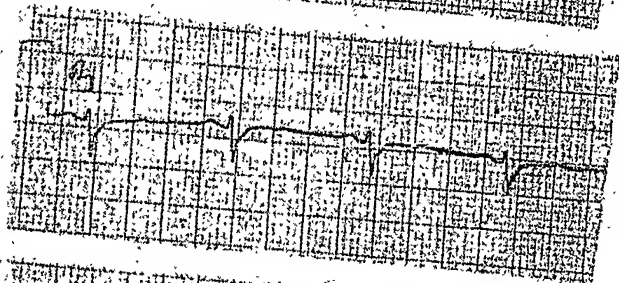
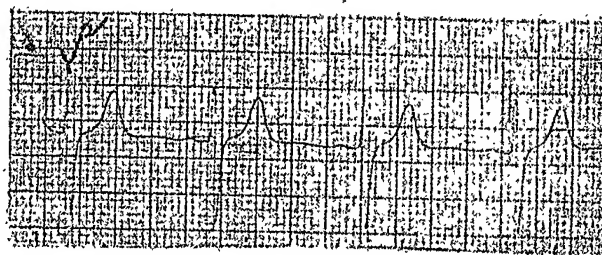
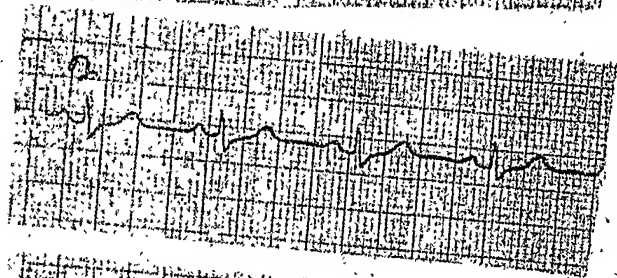
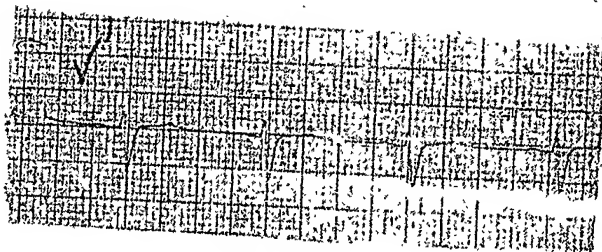
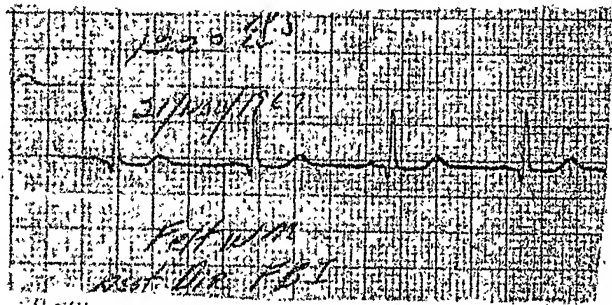
WAXING

7-18

FELT, W. Mark

REGISTRATION NO.

PHYSICAL EXAM ROOM



| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | PREVIOUS ECG | |
|---------------------------------------|-----|-------|--------|--------|-------|-----------------------------|--|---|---|
| CLINICAL IMPRESSION <i>Routine</i> | | | | | | MEDICATION | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> DIOSIDE <input checked="" type="checkbox"/> REMBANT |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | DATE | |
| 53 | M | White | 72 | 174 | | | | 12-1-66 | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| INTERVALS | | | | | | P WAVES | | AURIC & VENT | |
| QRS COMPLEXES | | | | | | T WAVES | | | |
| RS-T SEGMENT | | | | | | | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | |

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

W. N. L.

[Signature]

b6
b7C

| | | | | |
|---|-------|---|-------------|------|
| NO. | 00788 | TITLE | | DATE |
| ECG | | | | |
| PATIENT'S IDENTIFICATION (For typed or written entries give Name, room, first, middle, grade, date, hospital or medical facility) | | REGISTER NO. | WARD NO. | |
| <i>Felt, W. Mark</i> | | | <i>7-17</i> | |
| <i>Asst. Director - FBI</i> | | ELECTROCARDIOGRAPHIC RECORD | | |
| <i>MMc</i> | | Standard Form 520 20-100 (Attach tracings to S. F. 507) | | |

REPORT OF MEDICAL HISTORY U.S. Civil Service Employees and Applicants

F.B.I.

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

| | | | | | |
|---|--|---|--|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME FELT W. MARK | | 2. TITLE OF POSITION ACTING ASST. DIR. | | 3. SOCIAL SECURITY NUMBER 511 46 0048 | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 3216 WYNFORD DR FAIRFAX VA 22030 | | 5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL | | 6. DATE OF EXAMINATION 10-19-72 | |
| 7. SEX M | 8. TOTAL YEARS GOVERNMENT SERVICE 37 | 9. AGENCY F.B.I. | | 10. ORGANIZATION UNIT | |
| 11. DATE OF BIRTH 8-17-13 | | 12. PLACE OF BIRTH TWIN FALLS, IDAHO | | 13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) | |

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

EXCELLENT

| 15. DO YOU (Please check at left of each item): | | | 16. HAVE YOU EVER (Please check at left of each item): | | |
|---|-------------------------------------|--------------------------------|--|-------------------------------------|---|
| YES | NO | (Check each item) | YES | NO | (Check each item) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | WEAR GLASSES OR CONTACT LENSES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | LIVED WITH ANYONE WHO HAD TUBERCULOSIS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAVE VISION IN BOTH EYES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | COUGHED UP BLOOD |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR A HEARING AID | <input type="checkbox"/> | <input checked="" type="checkbox"/> | BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | STUTTER OR STAMMER HABITUALLY | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR A BRACE OR BACK SUPPORT | | | |

| 17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item): | | | | | | | |
|--|-------------------------------------|--------------------------|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| YES | NO | DON'T KNOW | (Check each item) | YES | NO | DON'T KNOW | (Check each item) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SCARLET FEVER, ERYSIPELAS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ASTHMA |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DIPHTHERIA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SHORTNESS OF BREATH |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RHEUMATIC FEVER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PAIN OR PRESSURE IN CHEST |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SWOLLEN OR PAINFUL JOINTS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CHRONIC COUGH |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MUMPS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PALPITATION OR POUNDING HEART |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | COLOR BLINDNESS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR SEVERE HEADACHE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CRAMPS IN YOUR LEGS |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DIZZINESS OR FAINTING SPELLS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT INDIGESTION |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EYE TROUBLE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | STOMACH, LIVER, OR INTESTINAL TROUBLE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EAR, NOSE, OR THROAT TROUBLE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | GALL BLADDER TROUBLE OR GALLSTONES |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RUNNING EARS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | JAUNDICE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEARING LOSS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CHRONIC OR FREQUENT COLDS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BROKEN BONES |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SEVERE TOOTH OR GUM TROUBLE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TUMOR, GROWTH, CYST, OR CANCER |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SINUSITIS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RUPTURE/HERNIA |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAY FEVER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | APPENDICITIS |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HEAD INJURY | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PILES OR RECTAL DISEASE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SKIN DISEASES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR PAINFUL URINATION |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | GOITER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | KIDNEY STONE OR BLOOD IN URINE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TUBERCULOSIS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SUGAR OR ALBUMIN IN URINE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SOAKING SWEATS (Night sweats) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BOILS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RECENT GAIN OR LOSS OF WEIGHT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ARTHRITIS OR RHEUMATISM |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BONE, JOINT, OR OTHER DEFORMITY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LAMENESS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LOSS OF ARM, LEG, FINGER, OR TOE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PAINFUL OR "TRICK" SHOULDER OR ELBOW |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RECURRENT BACK PAIN |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "TRICK" OR LOCKED KNEE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FOOT TROUBLE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NEURITIS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PARALYSIS (Inc. infantile) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EPILEPSY OR FITS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CAR, TRAIN, SEA, OR AIR SICKNESS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FREQUENT TROUBLE SLEEPING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR TERRIFYING NIGHTMARES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DEPRESSION OR EXCESSIVE WORRY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LOSS OF MEMORY OR AMNESIA |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NERVOUS-TROUBLE OF ANY SORT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ANY DRUG OR NARCOTIC HABIT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXCESSIVE DRINKING HABIT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PERIODS OF UNCONSCIOUSNESS |

| | | | |
|---|---|---|--|
| 18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1 | 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 444 | 20. WHAT IS YOUR USUAL OCCUPATION? S.P. AGENT | 21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED |
|---|---|---|--|

Do Not Transmit Enclosed Material
With Official Personnel Folder.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

| YES | NO | CHECK EACH ITEM, YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-----|-------------------------------------|--|
| | <input checked="" type="checkbox"/> | 22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | <input checked="" type="checkbox"/> | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | <input checked="" type="checkbox"/> | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | <input checked="" type="checkbox"/> | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | <input checked="" type="checkbox"/> | 23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | <input checked="" type="checkbox"/> | 24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | <input checked="" type="checkbox"/> | 25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | <input checked="" type="checkbox"/> | 26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital) |
| | <input checked="" type="checkbox"/> | 27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| | <input checked="" type="checkbox"/> | 28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | <input checked="" type="checkbox"/> | 29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | <input checked="" type="checkbox"/> | 30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | <input checked="" type="checkbox"/> | 31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

1948 HERNIA OROPHY SEATTLE

1952 ABDOMINAL BIOPSY SEATTLE

1958 KANSAS CITY

b6
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

FELT, W. MARK

SIGNATURE

[Handwritten Signature]

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

17. - mumps as a child
- sinusitis - in past years
- air frequency hearing loss
- (?) - Waddy

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

15 Oct 77

ACHED

00-463 (44-H)

REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

| | | | | | |
|---|---|---|--|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME W. MARK FELT | | 2. TITLE OF POSITION DEP. ASSOCIATE DIR | | 3. SOCIAL SECURITY NUMBER 511 461 0048 | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 3216 WYNFORD DR FAIRFAX VA 22030 | | 5. PURPOSE OF EXAMINATION ANNUAL PAY | | 6. DATE OF EXAMINATION | |
| 7. SEX M | 8. TOTAL YEARS GOVERNMENT SERVICE <div style="display: flex; justify-content: space-between;"><div>MILITARY</div><div>CIVILIAN 36</div></div> | 9. AGENCY FBI | | 10. ORGANIZATION UNIT | |
| 11. DATE OF BIRTH 8-17-13 | | 12. PLACE OF BIRTH TWIN FALLS, IDAHO | | 13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) | |

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

EXCELLENT

| 15. DO YOU (Please check at left of each item): | | | | | | 16. HAVE YOU EVER (Please check at left of each item): | | | | | |
|---|-------------------------------------|--------------------------------|--|--|--|--|-------------------------------------|---|--|--|--|
| YES | NO | (Check each item) | | | | YES | NO | (Check each item) | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR GLASSES OR CONTACT LENSES | | | | | <input checked="" type="checkbox"/> | LIVED WITH ANYONE WHO HAD TUBERCULOSIS | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HAVE VISION IN BOTH EYES | | | | | <input checked="" type="checkbox"/> | COUGHED UP BLOOD | | | |
| | <input checked="" type="checkbox"/> | WEAR A HEARING AID | | | | | <input checked="" type="checkbox"/> | BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION | | | |
| | <input checked="" type="checkbox"/> | STUTTER OR STAMMER HABITUALLY | | | | | | | | | |
| | <input checked="" type="checkbox"/> | WEAR A BRACE OR BACK SUPPORT | | | | | | | | | |

| 17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item): | | | | | | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| YES | NO | DON'T KNOW | (Check each item) | YES | NO | DON'T KNOW | (Check each item) | YES | NO | DON'T KNOW | (Check each item) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SCARLET FEVER, ERYSIPELAS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ASTHMA | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RECENT GAIN OR LOSS OF WEIGHT |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DIPHTHERIA | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SHORTNESS OF BREATH | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ARTHRITIS OR RHEUMATISM |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RHEUMATIC FEVER | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PAIN OR PRESSURE IN CHEST | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | BONE, JOINT, OR OTHER DEFORMITY |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SWOLLEN OR PAINFUL JOINTS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CHRONIC COUGH | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | LAMENESS |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | MUMPS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PALPITATION OR POUNDING HEART | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | LOSS OF ARM, LEG, FINGER, OR TOE |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | COLOR BLINDNESS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PAINFUL OR "TRICK" SHOULDER OR ELBOW |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT OR SEVERE HEADACHE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CRAMPS IN YOUR LEGS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RECURRENT BACK PAIN |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DIZZINESS OR FAINTING SPELLS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT INDIGESTION | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | "TRICK" OR LOCKED KNEE |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | EYE TROUBLE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | STOMACH, LIVER, OR INTESTINAL TROUBLE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FOOT TROUBLE |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | EAR, NOSE, OR THROAT TROUBLE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | GALL BLADDER TROUBLE OR GALLSTONES | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | NEURITIS |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RUNNING EARS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | JAUNDICE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PARALYSIS (Inc. infantile) |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HEARING LOSS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | EPILEPSY OR FITS |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CHRONIC OR FREQUENT COLDS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | BROKEN BONES | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CAR, TRAIN, SEA, OR AIR SICKNESS |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SEVERE TOOTH OR GUM TROUBLE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | TUMOR, GROWTH, CYST, OR CANCER | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT TROUBLE SLEEPING |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SINUSITIS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RUPTURE/HERNIA | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT OR TERRIFYING NIGHTMARES |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HAY FEVER | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | APPENDICITIS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DEPRESSION OR EXCESSIVE WORRY |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HEAD INJURY | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PILES OR RECTAL DISEASE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | LOSS OF MEMORY OR AMNESIA |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SKIN DISEASES | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT OR PAINFUL URINATION | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | NERVOUS TROUBLE OF ANY SORT |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | GOITER | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | KIDNEY STONE OR BLOOD IN URINE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ANY DRUG OR NARCOTIC HABIT |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | TUBERCULOSIS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SUGAR OR ALBUMIN IN URINE | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | EXCESSIVE DRINKING HABIT |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SOAKING SWEATS (Night sweats) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | BOILS | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PERIODS OF UNCONSCIOUSNESS |

| | | | |
|---|---|--|---|
| 18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1 | 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 354 | 20. WHAT IS YOUR USUAL OCCUPATION? FBI AGENT | 21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED, <input type="checkbox"/> LEFT HANDED |
|---|---|--|---|

Do Not Transmit Enclosed Material
With Official Personnel Mail.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-------------------------------------|-------------------------------------|--|
| | <input checked="" type="checkbox"/> | 22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | <input checked="" type="checkbox"/> | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | <input checked="" type="checkbox"/> | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | <input checked="" type="checkbox"/> | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | <input checked="" type="checkbox"/> | 23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | <input checked="" type="checkbox"/> | 24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| <input checked="" type="checkbox"/> | | 25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| <input checked="" type="checkbox"/> | | 26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital) |
| | <input checked="" type="checkbox"/> | 27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| | <input checked="" type="checkbox"/> | 28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | <input checked="" type="checkbox"/> | 29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | <input checked="" type="checkbox"/> | 30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | <input checked="" type="checkbox"/> | 31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

HERPHINOTROPY
ABDOM.-BIOPSY

1936
1938
1958

b6
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

[Handwritten Signature]

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

#14 noted no real change of
current health good & unchanged
since last PE
58(171031) renders no
recs for pad - 1938

b6
b7C

DATE
7 OCT 1971

NUMBER OF ATTACHED
SHEETS

REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

| | | | |
|--|---|--|---|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME FELT, W. MARK | | 2. TITLE OF POSITION ASS'T DIRECTOR | 3. SOCIAL SECURITY NUMBER 511 46 0048 |
| 4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 3216 WYNFORD DR. FAIRFAX VA 22030 | | 5. PURPOSE OF EXAMINATION ANNUAL PHY | 6. DATE OF EXAMINATION |
| 7. SEX M | 8. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN 35 | 9. AGENCY FBI | 10. ORGANIZATION UNIT |
| 11. DATE OF BIRTH 8-17-13 | | 12. PLACE OF BIRTH TWIN FALLS, IDAHO | |
| 13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) | | | |
| 14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) | | | |

EXCELLENT

| 15. DO YOU (Please check at left of each item): | | | 16. HAVE YOU EVER (Please check at left of each item): | | |
|---|-------------------------------------|--------------------------------|--|-------------------------------------|---|
| YES | NO | (Check each item) | YES | NO | (Check each item) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | WEAR GLASSES OR CONTACT LENSES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | LIVED WITH ANYONE WHO HAD TUBERCULOSIS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAVE VISION IN BOTH EYES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | COUGHED UP BLOOD |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR A HEARING AID | <input type="checkbox"/> | <input checked="" type="checkbox"/> | bled excessively after injury or tooth extraction |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | STUTTER OR STAMMER HABITUALLY | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR A BRACE OR BACK SUPPORT | | | |

| 17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item): | | | | | | | | | | | |
|--|-------------------------------------|--------------------------|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------------------|
| YES | NO | DON'T KNOW | (Check each item) | YES | NO | DON'T KNOW | (Check each item) | YES | NO | DON'T KNOW | (Check each item) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCARLET FEVER, ERYSIPELAS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ASTHMA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RECENT GAIN OR LOSS OF WEIGHT |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DIPHTHERIA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SHORTNESS OF BREATH | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARTHRITIS OR RHEUMATISM |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RHEUMATIC FEVER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PAIN OR PRESSURE IN CHEST | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BONE, JOINT, OR OTHER DEFORMITY |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SWOLLEN OR PAINFUL JOINTS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CHRONIC COUGH | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | LAMENESS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MUMPS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PALPITATION OR POUNDING HEART | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | LOSS OF ARM, LEG, FINGER, OR TOE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | COLOR BLINDNESS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PAINFUL OR "TRICK" SHOULDER OR ELBOW |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR SEVERE HEADACHE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CRAMPS IN YOUR LEGS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RECURRENT BACK PAIN |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DIZZINESS OR FAINTING SPELLS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT INDIGESTION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | "TRICK" OR LOCKED KNEE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EYE TROUBLE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | STOMACH, LIVER, OR INTESTINAL TROUBLE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FOOT TROUBLE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | EAR, NOSE, OR THROAT TROUBLE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | GALL BLADDER TROUBLE OR GALLSTONES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NEURITIS |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RUNNING EARS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | JAUNDICE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PARALYSIS (Inc. infantile) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HEARING LOSS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | EPILEPSY OR FITS |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CHRONIC OR FREQUENT COLDS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BROKEN BONES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CAR, TRAIN, SEA, OR AIR SICKNESS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEVERE TOOTH OR GUM TROUBLE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TUMOR, GROWTH, CYST, OR CANCER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT TROUBLE SLEEPING |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SINUSITIS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RUPTURE/HERNIA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR TERRIFYING NIGHTMARES |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAY FEVER | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | APPENDICITIS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DEPRESSION OR EXCESSIVE WORRY |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HEAD INJURY | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PILES OR RECTAL DISEASE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | LOSS OF MEMORY OR AMNESIA |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SKIN DISEASES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR PAINFUL URINATION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NERVOUS TROUBLE OF ANY SORT |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | GOITER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | KIDNEY STONE OR BLOOD IN URINE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ANY DRUG OR NARCOTIC HABIT |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TUBERCULOSIS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SUGAR OR ALBUMIN IN URINE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | EXCESSIVE DRINKING HABIT |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SOAKING SWEATS (Night sweats) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BOILS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PERIODS OF UNCONSCIOUSNESS |

| | | | |
|---|--|--|--|
| 18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1 | 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 342 | 20. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT | 21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED |
|---|--|--|--|

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-------------------------------------|-------------------------------------|--|
| | <input checked="" type="checkbox"/> | 22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | <input checked="" type="checkbox"/> | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | <input checked="" type="checkbox"/> | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | <input checked="" type="checkbox"/> | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | <input checked="" type="checkbox"/> | 23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | <input checked="" type="checkbox"/> | 24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| <input checked="" type="checkbox"/> | | 25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| <input checked="" type="checkbox"/> | | 26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital) |
| | <input checked="" type="checkbox"/> | 27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| | <input checked="" type="checkbox"/> | 28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | <input checked="" type="checkbox"/> | 29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | <input checked="" type="checkbox"/> | 30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | <input checked="" type="checkbox"/> | 31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

HEATHIA OGDON
H3DOM-B30AS

36

38

47

b6
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

#14 noted - no real symptoms today
current health good & unchanged
Since last PE
58(17 to 31) rev all "yes checks
questioned or neg @ this time

| | | | | |
|--|--------------------|-----------|-----------|------------------------------|
| | DATE 6 NOV 1970 | SIGNATURE | b6 b7C | NUMBER OF ATTACHED SHEETS |
|--|--------------------|-----------|-----------|------------------------------|

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

| | | | |
|--|--|---|---|
| 1. LAST NAME--FIRST NAME--MIDDLE NAME FELT W. MARK | | 2. TITLE OF POSITION Assistant Director | 3. SOCIAL SECURITY NUMBER 511 46 0048 |
| 4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 3216 Wynford Drive Fairfax, Virginia 22030 | | 5. PURPOSE OF EXAMINATION Annual Physical | 6. DATE OF EXAMINATION |
| 7. SEX Male | 8. TOTAL YEARS GOVERNMENT SERVICE 34 | 9. AGENCY U. S. Dept. of Justice | 10. ORGANIZATION UNIT FBI |
| 11. DATE OF BIRTH 8/13/13 | | 12. PLACE OF BIRTH Twin Falls, Idaho | |
| 13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) | | | |
| 14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) | | | |

EXCELLENT

| | | | | | | | | | | | |
|--|-------------------------------------|--------------------------------|---|--|--|--|-------------------------------------|---|---|--|--|
| 15. DO YOU (Please check at left of each item): | | | | | | 16. HAVE YOU EVER (Please check at left of each item): | | | | | |
| YES | NO | (Check each item) | | | | YES | NO | (Check each item) | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | WEAR GLASSES OR CONTACT LENSES | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | LIVED WITH ANYONE WHO HAD TUBERCULOSIS | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAVE VISION IN BOTH EYES | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | COUGHED UP BLOOD | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR A HEARING AID | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | STUTTER OR STAMMER HABITUALLY | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR A BRACE OR BACK SUPPORT | | | | | | | | | |
| 17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item): | | | | | | | | | | | |
| YES | NO | DON'T KNOW | (Check each item) | | | YES | NO | DON'T KNOW | (Check each item) | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCARLET FEVER, ERYSIPELAS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ASTHMA | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DIPHTHERIA | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SHORTNESS OF BREATH | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RHEUMATIC FEVER | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PAIN OR PRESSURE IN CHEST | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SWOLLEN OR PAINFUL JOINTS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CHRONIC COUGH | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MUMPS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PALPITATION OR POUNDING HEART | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | COLOR BLINDNESS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR SEVERE HEADACHE | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CRAMPS IN YOUR LEGS | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DIZZINESS OR FAINTING SPELLS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT INDIGESTION | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | EYE TROUBLE | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | STOMACH, LIVER, OR INTESTINAL TROUBLE | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EAR, NOSE, OR THROAT TROUBLE | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | GALL BLADDER TROUBLE OR GALLSTONES | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RUNNING EARS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | JAUNDICE | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HEARING LOSS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CHRONIC OR FREQUENT COLDS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BROKEN BONES | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEVERE TOOTH OR GUM TROUBLE | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TUMOR, GROWTH, CYST, OR CANCER | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SINUSITIS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | RUPTURE/HERNIA | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAY FEVER | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | APPENDICITIS | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | HEAD INJURY | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PILES OR RECTAL DISEASE | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SKIN DISEASES | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR PAINFUL URINATION | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | GOITER | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | KIDNEY STONE OR BLOOD IN URINE | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TUBERCULOSIS | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SUGAR OR ALBUMIN IN URINE | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SOAKING SWEATS (Night sweats) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BOILS | | |
| 18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | | | 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS | | | 20. WHAT IS YOUR USUAL OCCUPATION? | | | 21. ARE YOU (Check one) | | |
| 1 | | | 330 | | | SPECIAL AGENT | | | <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED | | |

Do Not Transmit Enclosed Material
With Official Personnel Folder.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-------------------------------------|-------------------------------------|--|
| | <input checked="" type="checkbox"/> | 22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | <input checked="" type="checkbox"/> | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | <input checked="" type="checkbox"/> | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | <input checked="" type="checkbox"/> | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | <input checked="" type="checkbox"/> | 23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | <input checked="" type="checkbox"/> | 24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| <input checked="" type="checkbox"/> | | 25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| <input checked="" type="checkbox"/> | | 26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital) |
| | <input checked="" type="checkbox"/> | 27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| | <input checked="" type="checkbox"/> | 28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | <input checked="" type="checkbox"/> | 29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | <input checked="" type="checkbox"/> | 30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | <input checked="" type="checkbox"/> | 31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

HERMADROPH Y

36

SEATTLE

ABDOM. BIOPSY

38

SEATTLE

47

KANSAS CITY

b6
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

U. J. J. J. J.

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

15. Wears glasses x 15 yrs. for reading. Good correction.

17. ? Diphtheria in childhood, mumps in childhood

Has red green color blindness

Sinus trouble in childhood - L max. opened. No difficulty in recent yrs, dev. Septum.

(R) Inguinal hernia repaired - had [redacted] age 10-12 yr.

25-26. Herniography (R) ing [redacted] (R)

Abdom Bx for painful lump & dx infarcted fat pad.

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

b6
b7C

DATE

SIGN

NUMBER OF ATTACHED SHEETS

PRINTING OFFICE : 1968 O-307-584

REPORT OF MEDICAL HISTORY U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

| | | | | | |
|--|---|---|--|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME FELT W. MARK | | 2. TITLE OF POSITION ASSISTANT DIRECTOR | | 3. SOCIAL SECURITY NUMBER | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 3216 WINFORD DR. FAIRFAX VA | | 5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL | | 6. DATE OF EXAMINATION | |
| 7. SEX M | 8. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN 33 | 9. AGENCY FBI | | 10. ORGANIZATION UNIT INSPECTION DIVISION | |
| 11. DATE OF BIRTH 8-17-13 | | 12. PLACE OF BIRTH TWIN FALLS, IOWA | | 13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) | |

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

EXCELLENT - NONE

| 15. DO YOU (Please check at left of each item): | | | 16. HAVE YOU EVER (Please check at left of each item): | | |
|---|-------------------------------------|--------------------------------|--|-------------------------------------|---|
| YES | NO | (Check each item) | YES | NO | (Check each item) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR GLASSES OR CONTACT LENSES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | LIVED WITH ANYONE WHO HAD TUBERCULOSIS |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HAVE VISION IN BOTH EYES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | COUGHED UP BLOOD |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR A HEARING AID | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | bled EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | STUTTER OR STAMMER HABITUALLY | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | WEAR A BRACE OR BACK SUPPORT | | | |

| 17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item): | | | | | | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| YES | NO | DON'T KNOW | (Check each item) | YES | NO | DON'T KNOW | (Check each item) | YES | NO | DON'T KNOW | (Check each item) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SCARLET FEVER, ERYSIPELAS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ASTHMA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RECENT GAIN OR LOSS OF WEIGHT |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DIPHTHERIA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SHORTNESS OF BREATH | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ARTHRITIS OR RHEUMATISM |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RHEUMATIC FEVER | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PAIN OR PRESSURE IN CHEST | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | BONE, JOINT, OR OTHER DEFORMITY |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SWOLLEN OR PAINFUL JOINTS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CHRONIC COUGH | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | LAMENESS |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | MUMPS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PALPITATION OR POUNDING HEART | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | LOSS OF ARM, LEG, FINGER, OR TOE |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | COLOR BLINDNESS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PAINFUL OR "TRICK" SHOULDER OR ELBOW |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT OR SEVERE HEADACHE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CRAMPS IN YOUR LEGS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RECURRENT BACK PAIN |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DIZZINESS OR FAINTING SPELLS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT INDIGESTION | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | "TRICK" OR LOCKED KNEE |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | EYE TROUBLE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | STOMACH, LIVER, OR INTESTINAL TROUBLE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FOOT TROUBLE |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | EAR, NOSE, OR THROAT TROUBLE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | GALL BLADDER TROUBLE OR GALLSTONES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | NEURITIS |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RUNNING EARS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | JAUNDICE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PARALYSIS (Inc. infantile) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HEARING LOSS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | EPILEPSY OR FITS |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CHRONIC OR FREQUENT COLDS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | BROKEN BONES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CAR, TRAIN, SEA, OR AIR SICKNESS |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SEVERE TOOTH OR GUM TROUBLE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | TUMOR, GROWTH, CYST, OR CANCER | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT TROUBLE SLEEPING |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SINUSITIS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | RUPTURE/HERNIA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT OR TERRIFYING NIGHTMARES |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HAY FEVER | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | APPENDICITIS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DEPRESSION OR EXCESSIVE WORRY |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HEAD INJURY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PILES OR RECTAL DISEASE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | LOSS OF MEMORY OR AMNESIA |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SKIN DISEASES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FREQUENT OR PAINFUL URINATION | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | NERVOUS TROUBLE OF ANY SORT |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | GOITER | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | KIDNEY STONE OR BLOOD IN URINE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ANY DRUG OR NARCOTIC HABIT |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | TUBERCULOSIS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SUGAR OR ALBUMIN IN URINE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | EXCESSIVE DRINKING HABIT |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SOAKING SWEATS (Night sweats) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | BOILS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PERIODS OF UNCONSCIOUSNESS |

| | | | |
|---|---|--|--|
| 18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1 | 19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 325 | 20. WHAT IS YOUR USUAL OCCUPATION? FBI AGENT | 21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED |
|---|---|--|--|

Do Not Transmit Enclosed Material
With Official Personnel Folder.

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-------------------------------------|-------------------------------------|--|
| | <input checked="" type="checkbox"/> | 22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | <input checked="" type="checkbox"/> | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | <input checked="" type="checkbox"/> | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | <input checked="" type="checkbox"/> | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | <input checked="" type="checkbox"/> | 23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | <input checked="" type="checkbox"/> | 24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| <input checked="" type="checkbox"/> | | 25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| <input checked="" type="checkbox"/> | | 26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital) |
| | <input checked="" type="checkbox"/> | 27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| | <input checked="" type="checkbox"/> | 28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | <input checked="" type="checkbox"/> | 29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | <input checked="" type="checkbox"/> | 30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | <input checked="" type="checkbox"/> | 31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

HERNIA DOPOHY

1948

ABDOMINAL BIOPSY

1950 *

1958

b6
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

W. MARK FELT

SIGNATURE

W. Mark Felt

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

1950. *days for abd. pain - apparently mesenteric infarction*

b6
b7C

1958

17. Items reviewed - previously recorded and evaluated except 10 lbs. planned wt loss. to control recently elevated cholesterol.

b6
b7C

TYPED

DATE

NUMBER OF ATTACHED SHEETS

for

27 Nov 68

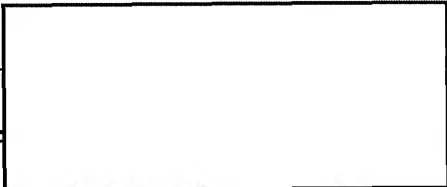
| CLINICAL RECORD | | | | | | | | ELECTROCARDIOGRAPHIC RECORD | | | | PREVIOUS ECG | |
|--|-----------------|---------------------|-------------------------|----------------------|------------------------|----|--|-----------------------------|--|--|--|---|--|
| CLINICAL IMPRESSION <i>Routine for F.B.I.</i> | | | | | | | | MEDICATION | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | | | | | | | | | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE | |
| AGE <i>58</i> | SEX <i>M</i> | RACE <i>CAUC</i> | HEIGHT <i>73 3/4</i> | WEIGHT <i>173</i> | B. P. <i>130/90</i> | SI | | | | | | DATE <i>10-7-71</i> | |
| RHYTHM | | | | | | | | AXIS DEVIATION (QRS) | | | | RATES | |
| INTERVALS | | | | | | | | P WAVES | | | | AURIC. VENT. | |
| PR | | | | | | | | QRS | | | | QT | |
| QRS COMPLEXES | | | | | | | | | | | | b6 b7C | |
| RS-T SEGMENT | | | | | | | | T WAVES | | | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | | | | | |

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL

b6
b7C

| | | | | | | | |
|--------------------------|--|---|--|---------------------|--|-----------------|--|
| 70 | |  | | TITLE | | DATE | |
| NO. <i>448</i> | | | | <i>May ML</i> | | <i>7 Oct 71</i> | |
| ECG | | | | REGISTER NO. | | WARD NO. | |
| PATIENT'S IDENTIFICATION | | | | FBI PHY. EXAM. SEC. | | | |

FELT, W. MARK POST. DIR.
514 46 00 48 *URGENT FBI*

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104-02
(Attach tracings to S. F. 507)

Felt 3V. Mark

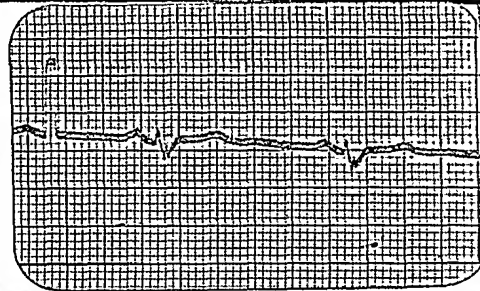
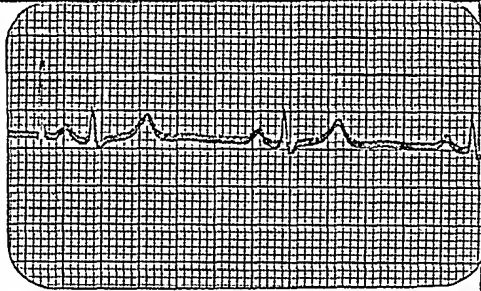
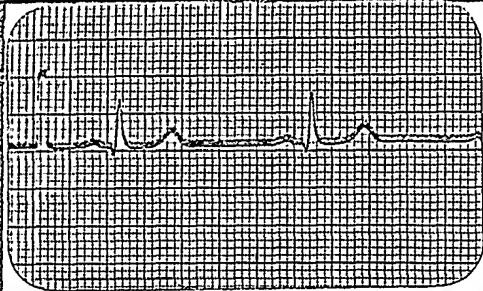
ECG MOUNTING RECORD

7 Oct. 71 m

I

II

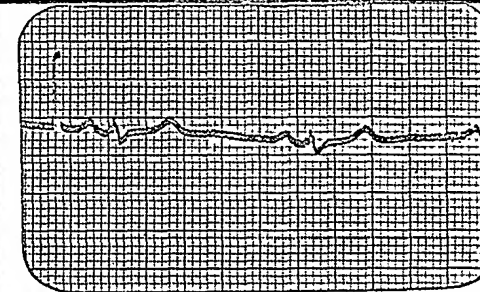
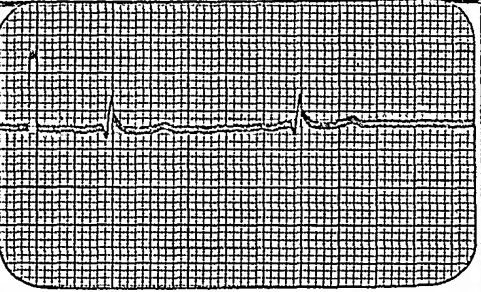
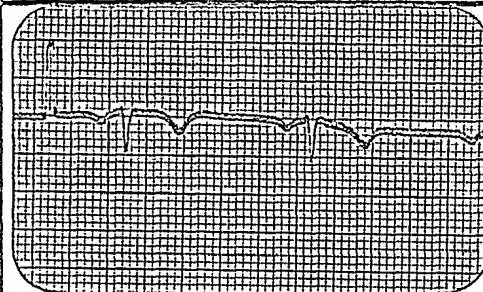
III



aVR

aVL

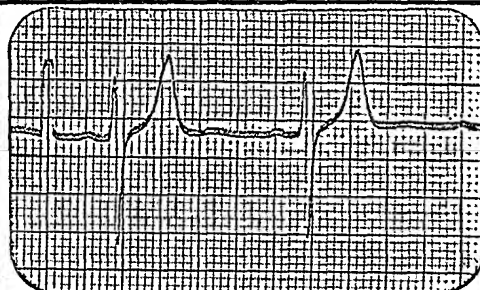
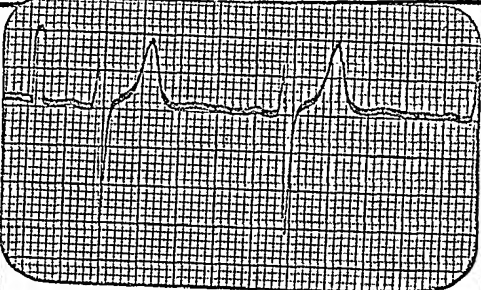
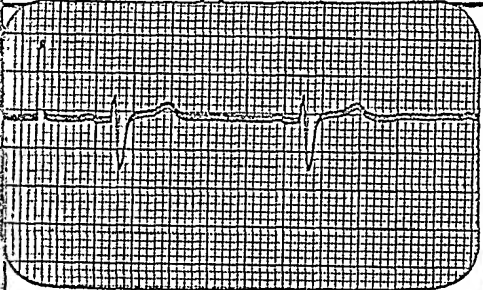
aVF



V₁

V₂

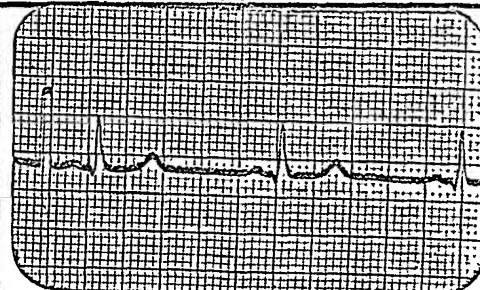
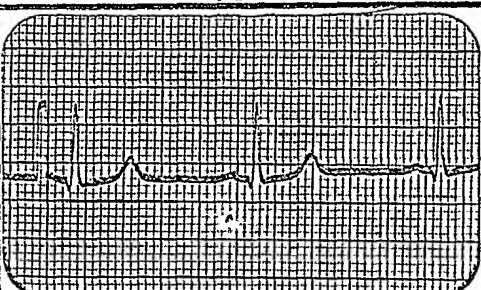
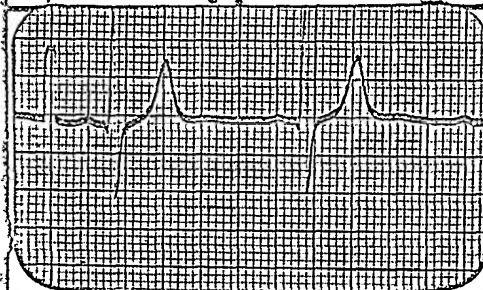
V₃



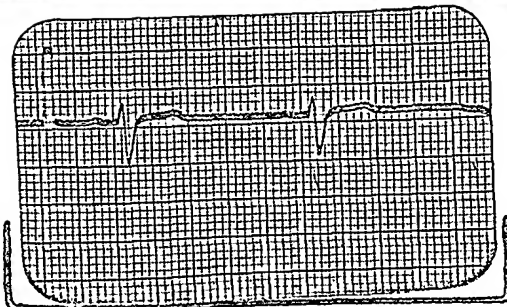
V₄

V₅

V₆



V_{4R}

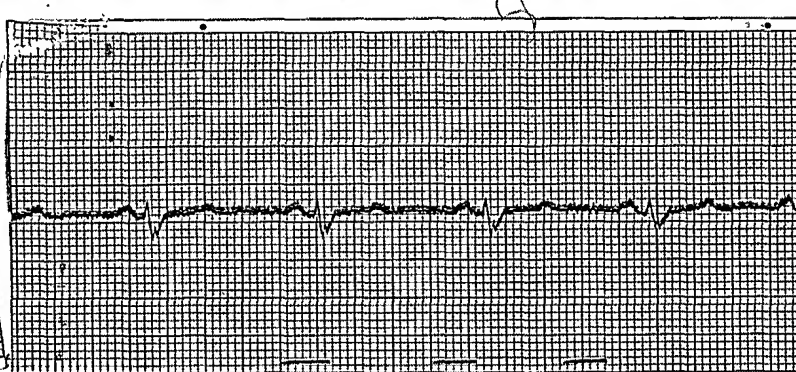
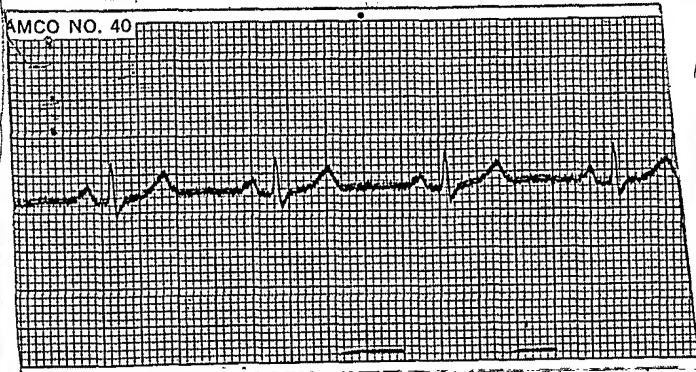
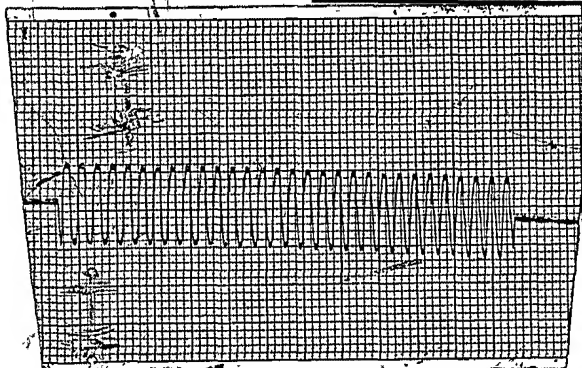


| | | | | | |
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| CLINICAL IMPRESSION | | | MEDICATION | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT |
| AGE 49 | SEX M | RACE Choc | HEIGHT 70 1/4 | WEIGHT 172 | B. P. 140/90 SIGNATURE OF WARD PHYSICIAN |
| RHYTHM | | | AXIS DEVIATION (QRS) | | DATE 10-5-62 RATES AURIC. VENT. |
| INTERVALS | | | P WAVES | | |
| PR | | | QRS | | QT |
| QRS COMPLEXES | | | | | |
| RS-T SEGMENT | | | T WAVES | | |
| PRECORDIAL LEADS (Specify) | | | | | |
| SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: | | | | | |

WNL

b6
b7C

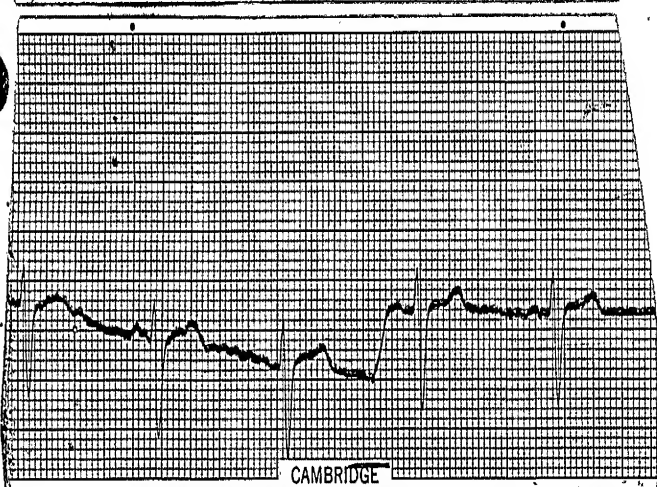
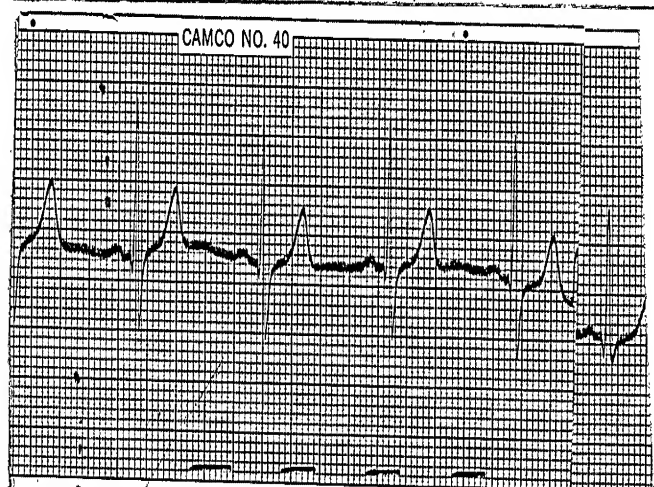
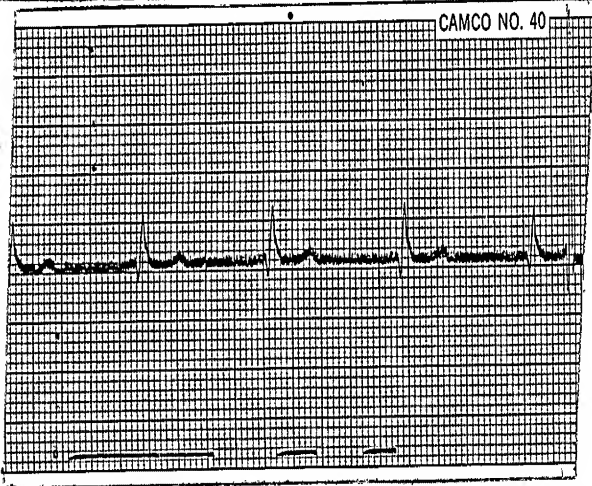
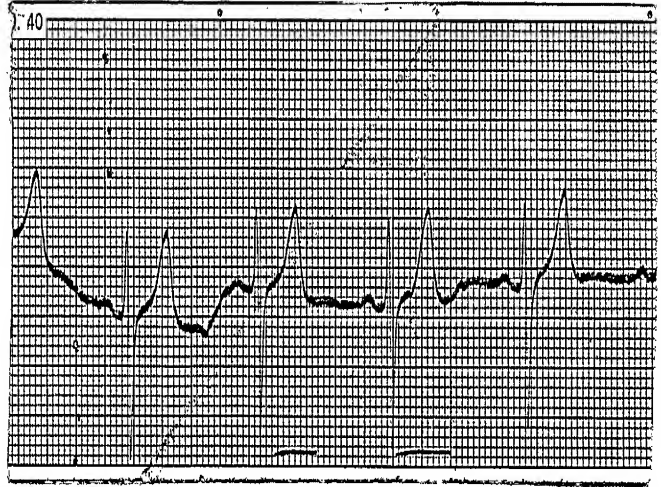
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|-----|--|-------|------------------------|
| NO. | | TITLE | DATE 10-5-62 |
| ECG | | | |



| | | | |
|---|--|-----------------------------|----------|
| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME Felt. W. Mark. | | REGISTER NO. G516 | WARD NO. |
|---|--|-----------------------------|----------|

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)


ELECTROCARDIOGRAPHIC REPORT
Standard Form 520



| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC REPORT | | PREVIOUS ECG | |
|----------------------------|------|------|--------|--------|-------|-----------------------------|--|---|-----------------------------------|
| CLINICAL IMPRESSION | | | | | | MEDICATION | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | | | | | | | <input type="checkbox"/> EMERGENCY | <input type="checkbox"/> BEDSIDE |
| | | | | | | | | <input type="checkbox"/> HOUSE | <input type="checkbox"/> AMBULANT |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | DATE | |
| 41 | Male | Cauc | 72 | 173 | | | | 4-22-54 | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| | | | | | | | | AURIC. VENT. | |
| INTERVALS | | | | | | P WAVES | | | |
| PR | | | | | | QRS 0.10 sec QT | | | |
| QRS COMPLEXES | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| PRECORDIAL LEADS (Spec/ly) | | | | | | | | | |

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal ECG - QRS at upper limit
of normal - L.A.D.

| | | | | |
|------------|------|--|-----------|------|
| NO. ECG | SIGN |  | b6 b7C | |
| | | | TITLE | DATE |

MOUNT TRACINGS HERE

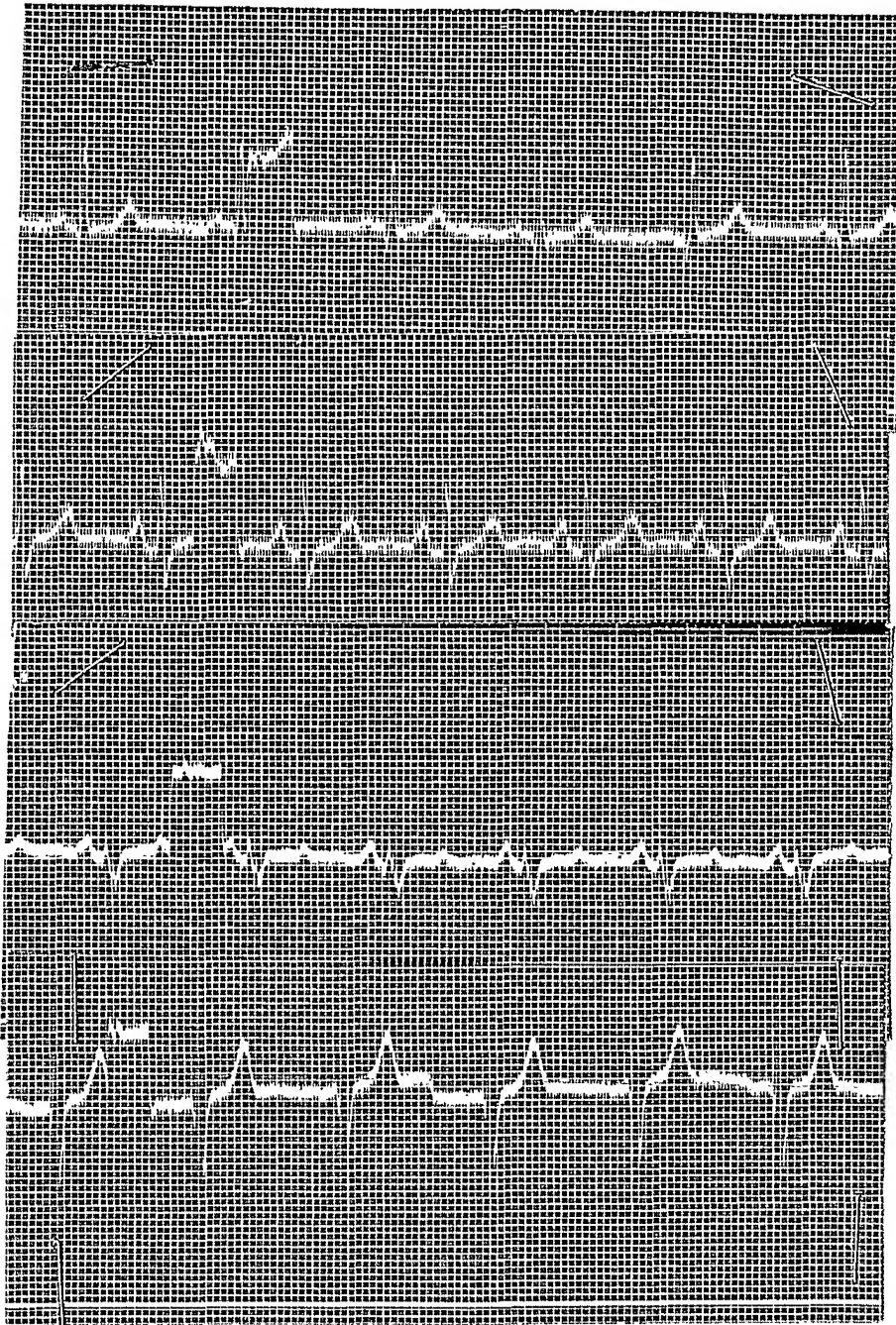
(Continue on reverse)

| | | |
|--|--------------|----------|
| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO. |
| FELT, W. Mark FBI | | |

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ENCLOSURE 67



| CLINICAL RECORD | | | | | | | ELECTROCARDIOGRAPHIC REPORT | | PREVIOUS ECG | |
|--|------|------|--------|--------|-------|-----------------------------|-----------------------------|--------|--|--|
| CLINICAL IMPRESSION | | | | | | | MEDICATION | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> EMERGENCY <input type="checkbox"/> <input type="checkbox"/> ROUTINE <input type="checkbox"/> | |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | DATE | | |
| 39 | Male | Cauc | 72 | 182 | | | | 4-28-4 | | |
| RHYTHM | | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| Sinus | | | | | | | Mid Right | | AURIC. 78 VE | |
| INTERVALS | | | | | | | P WAVES | | | |
| PR 0.15 sec QRS 0.10 sec QT | | | | | | | Normal | | | |
| QRS COMPLEXES | | | | | | | T WAVES | | | |
| Normal (slurred & notched QRS 3) | | | | | | | Normal | | | |
| RS-T SEGMENT | | | | | | | | | | |
| Normal | | | | | | | | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | | |
| 4 F normal | | | | | | | | | | |
| SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: | | | | | | | | | | |
| Normal ECG | | | | | | | | | | |

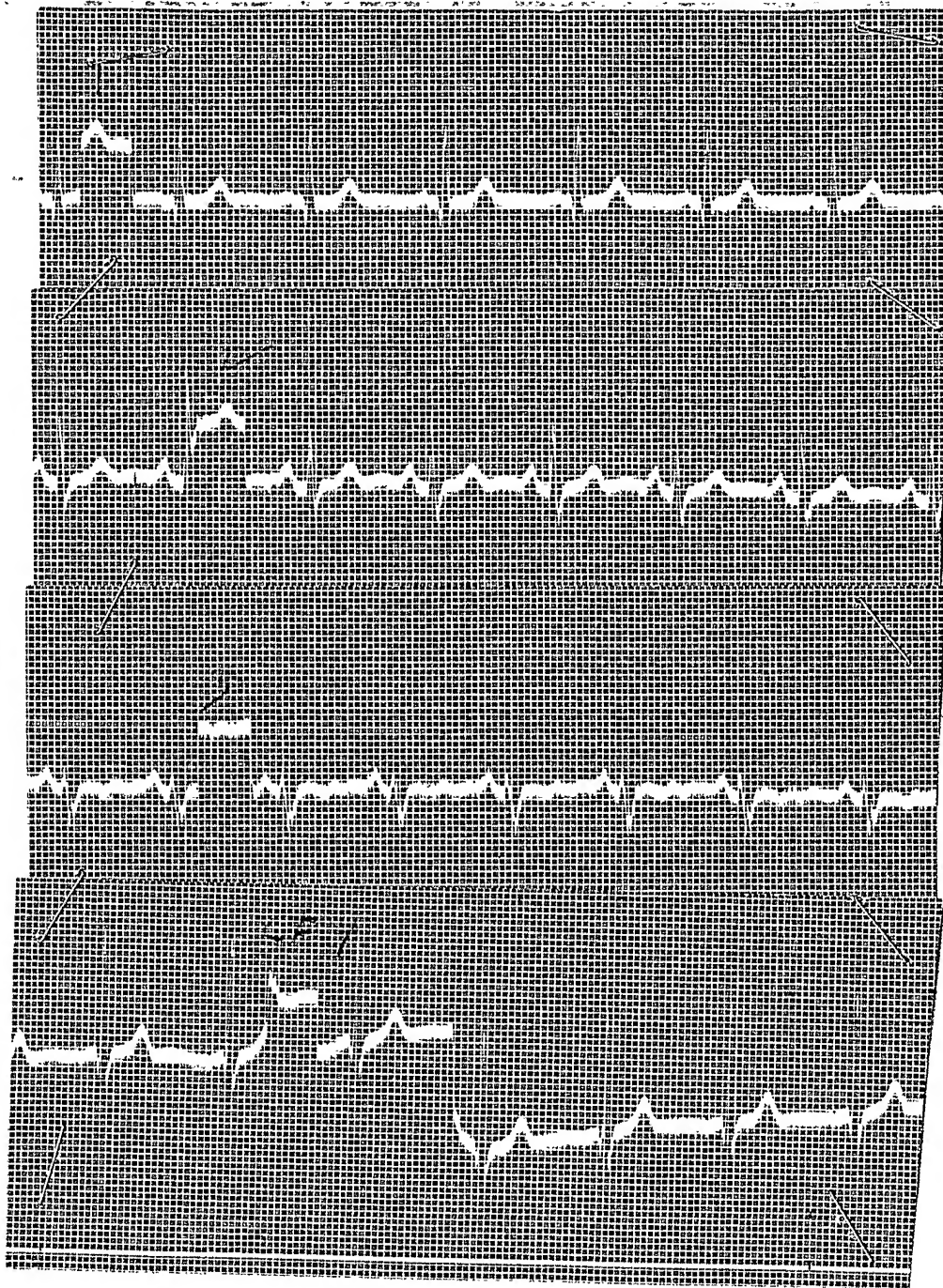
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|-----|--|-------|------|
| NO. | | TITLE | DATE |
| ECG | | | |

MOUNT TRACINGS HERE

(Continue on reverse)

| | | |
|--|--------------|----------|
| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO. |
| FELT, William Mark | | |

ELECTROCARDIOGRAPHIC



9 JUN 1952

EXERCISE TOLERANCE TEST (MASTER TWO STEP)

| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC REPORT | | PREVIOUS ECG | |
|---|--|--|--|--|--|-----------------------------|--|---|--|
| CLINICAL IMPRESSION | | | | | | MEDICATION | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| | | | | | | | | <input type="checkbox"/> EMERGENCY | <input type="checkbox"/> BEDSIDE |
| AGE 38 SEX M RACE W HEIGHT 70" WEIGHT 191 B. P. SIGNATURE OF WARD PHYSICIAN | | | | | | DATE 9 June 1952 | | <input checked="" type="checkbox"/> ROUTINE | <input checked="" type="checkbox"/> AMBULANT |
| | | | | | | | | RATES | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | AURIC. VENT. | |
| INTERVALS | | | | | | P WAVES | | | |
| PR | | | | | | QRS | | QT | |
| QRS COMPLEXES | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | |

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

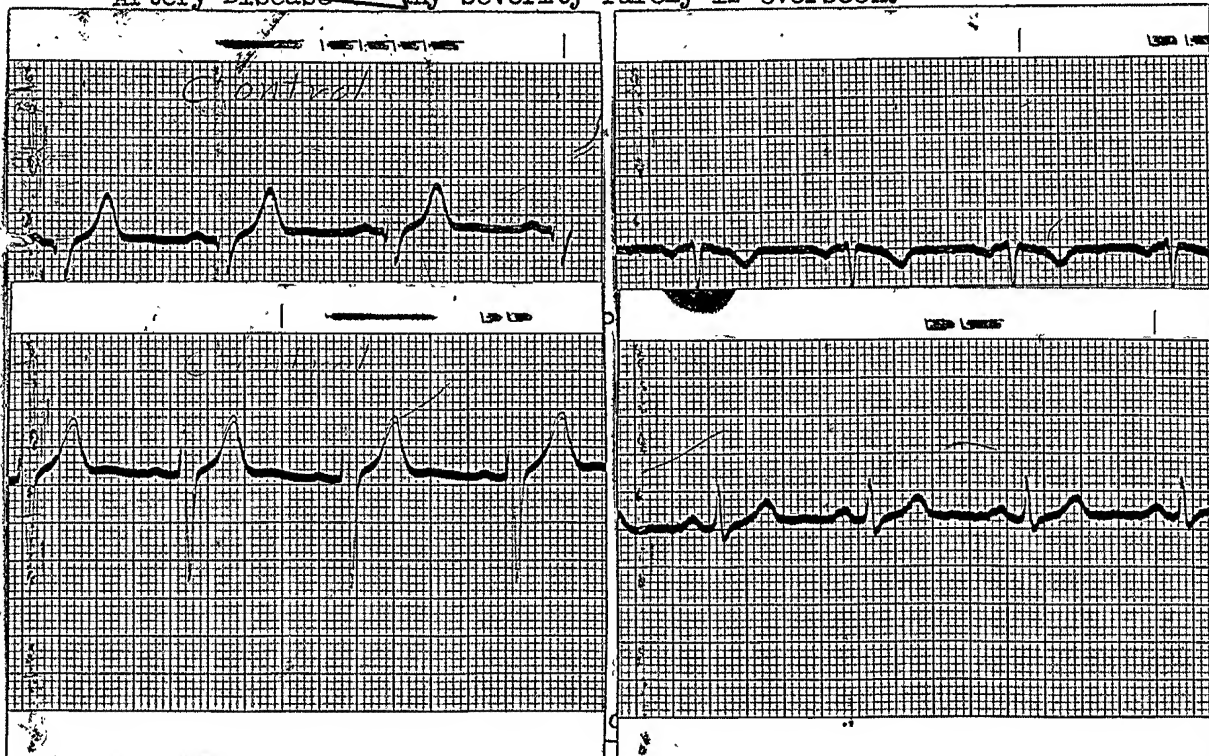
CONCLUSION: FOR EXERCISE TOLERANCE TEST (MASTER TWO STEP).

1. Normal pre-test control tracing at a rate of 68 per minute.
2. Tracing taken immediately after "Double" (Master Two Step Test (42 ascents). shows increase of rate to 112 per minute.
3. No ST segment or T wave deviations from normal noted in tracings taken immediately, 2 minutes, 6 minutes, or 10 minutes after exercise.
4. NORMAL "DOUBLE" EXERCISE TOLERANCE TEST, in the presence of which Coronary

NO. 1455 TITLE DATE JUN 9

Artery Disease any severity rarely if ever seen.

b6
b7C



ECG, III, W, MARK

FBI

WARD NO.

CH. OF MED.

HEART STATION: U.S.N.H. BREMERTON, WASHINGTON

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

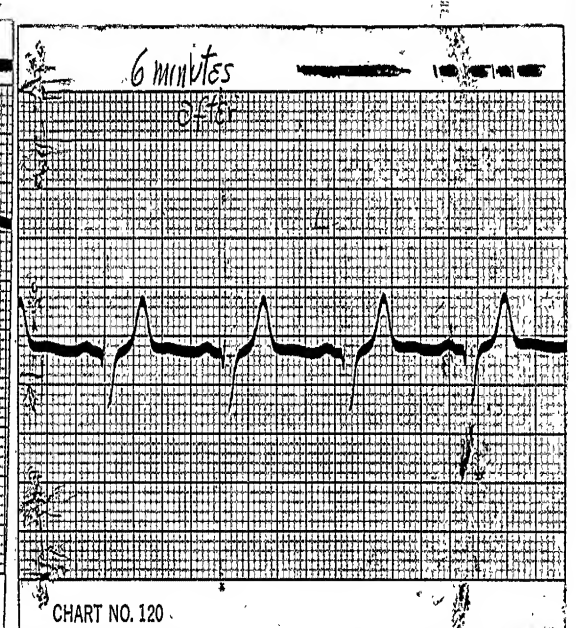
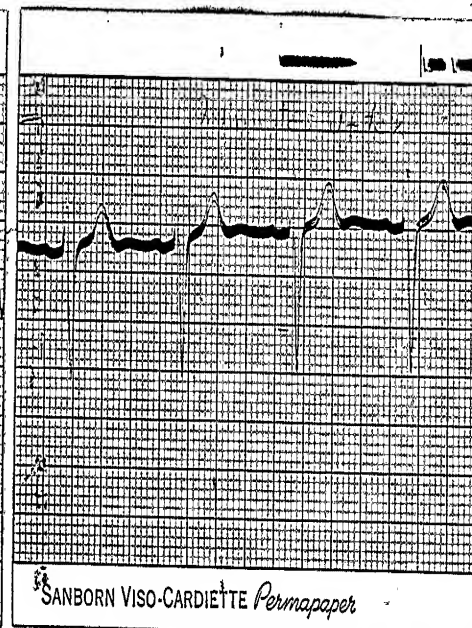
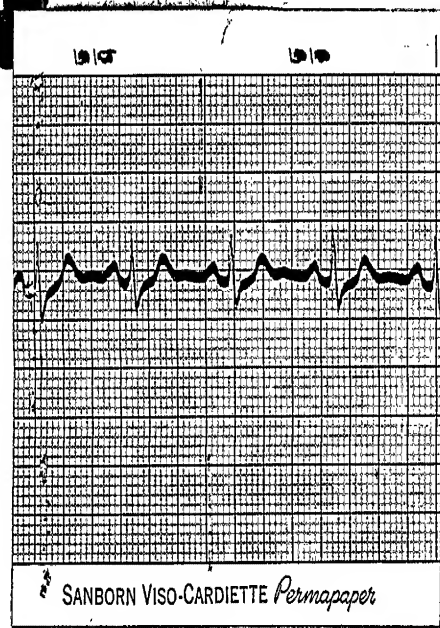
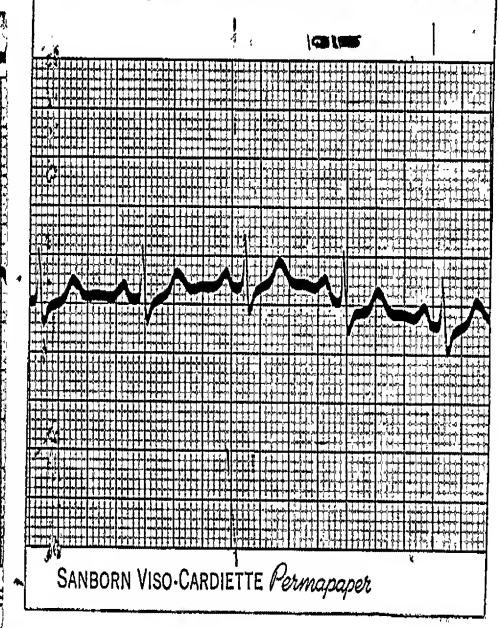
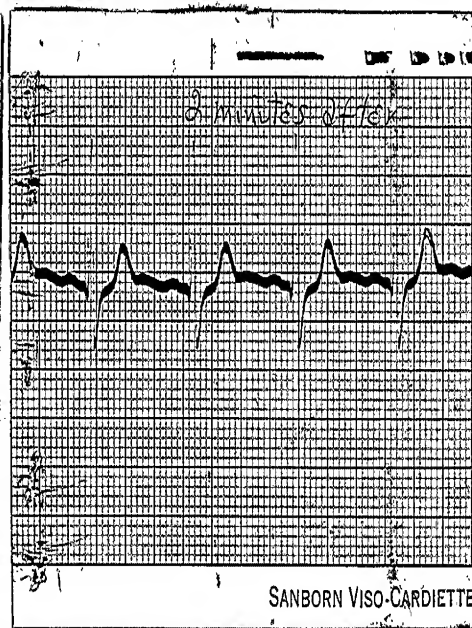
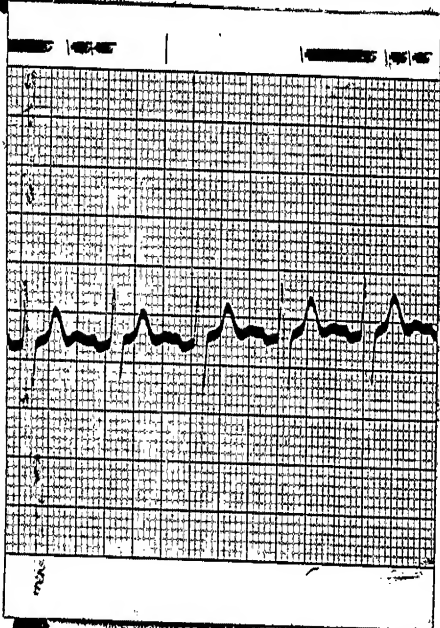
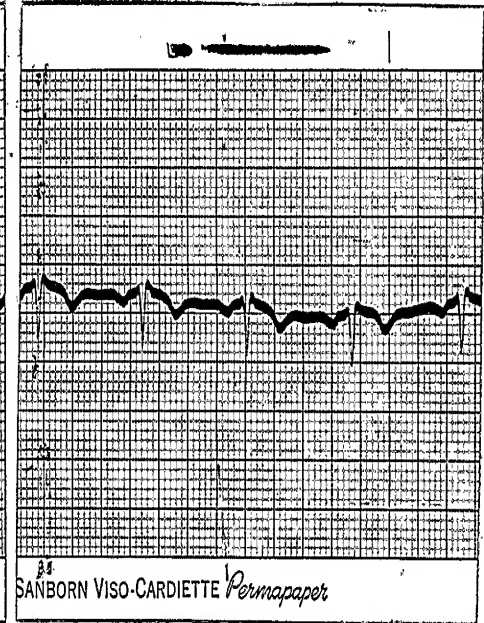
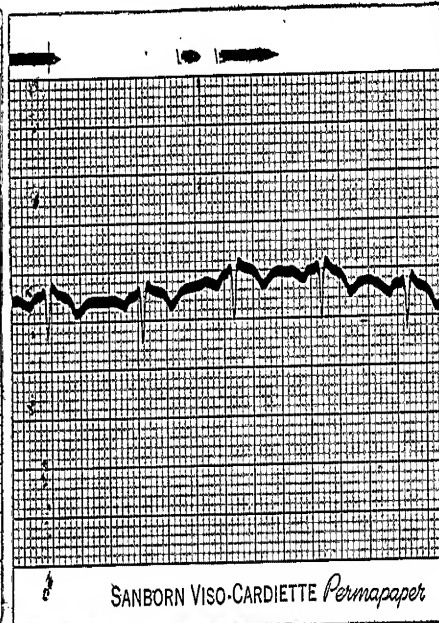
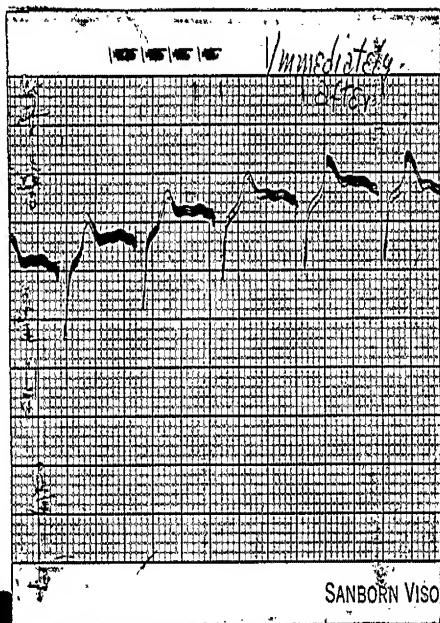
U. S. GOVERNMENT PRINTING OFFICE 16-58209-2

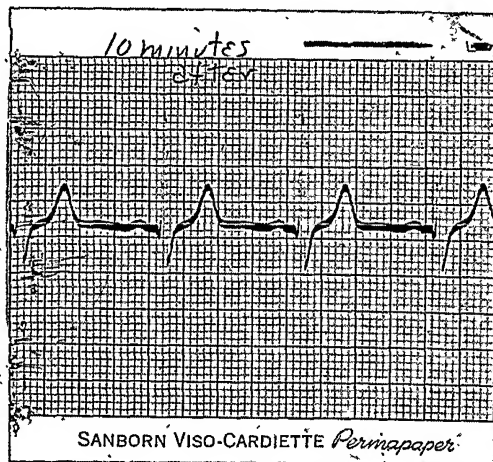
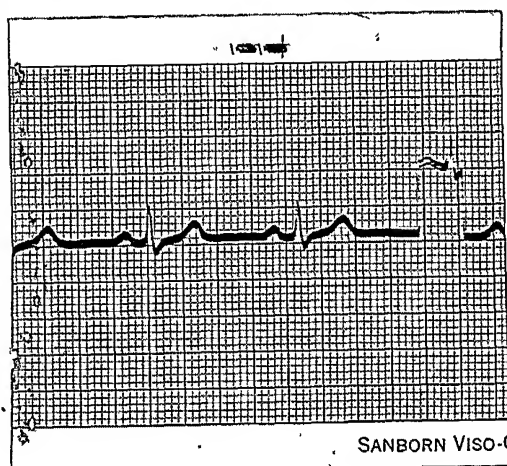
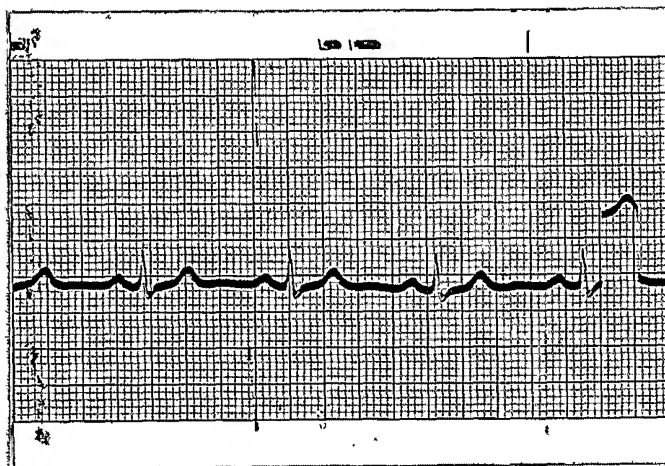
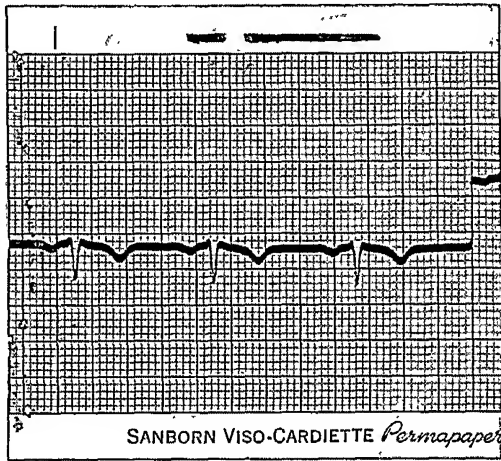
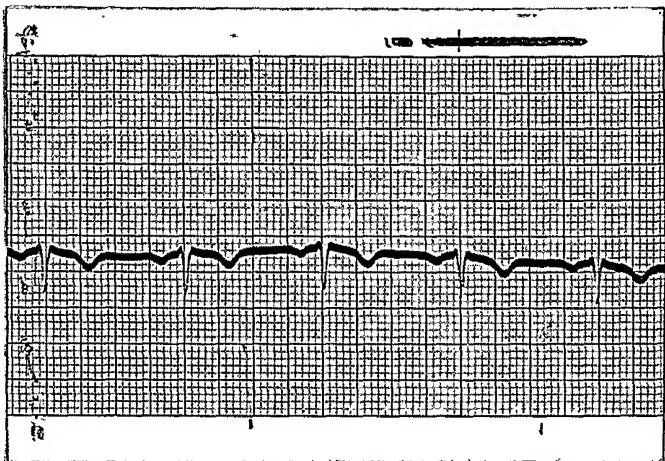
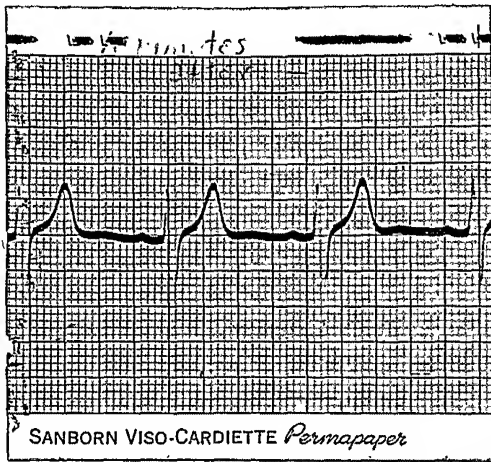
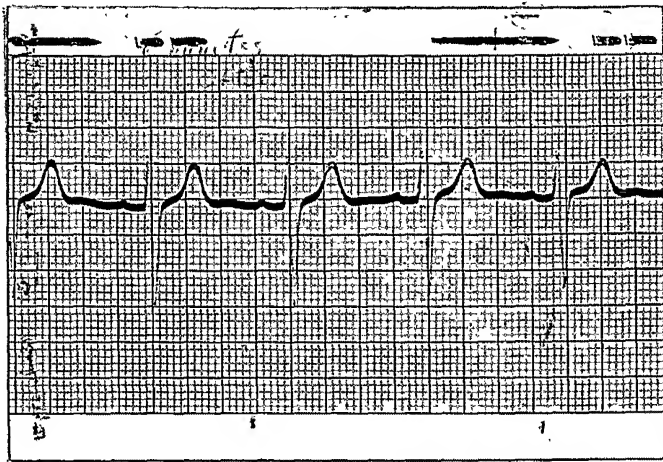
ELECTROCARDIOGRAPHIC REPORT

Standard Form 520

ENCLOSURE

9 JUN 1952





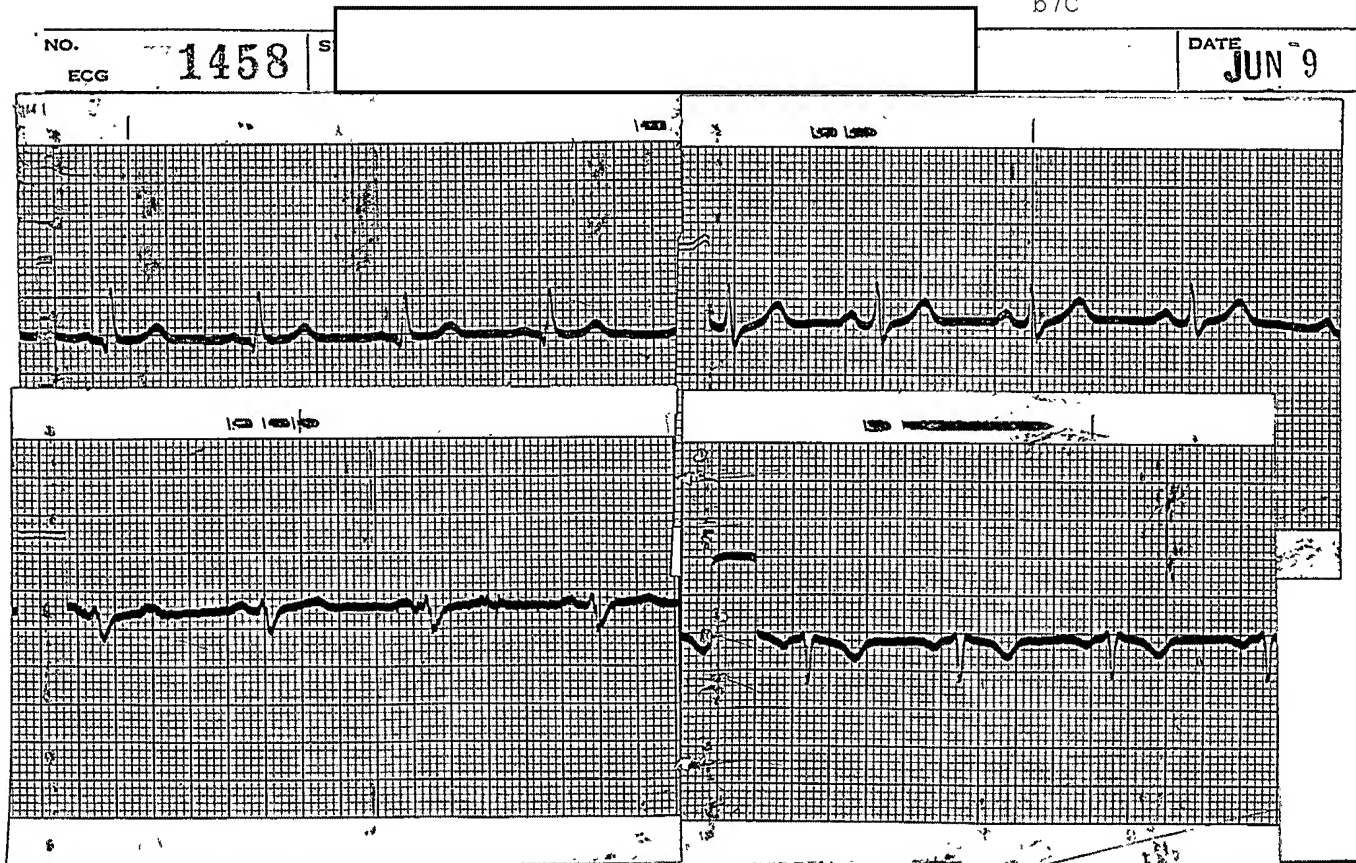
JUN 9

| | | | | | |
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| CLINICAL IMPRESSION | | | MEDICATION | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT |
| AGE 38 | SEX M | RACE W | HEIGHT 70" | WEIGHT 191 | B. P. |
| SIGNATURE OF WARD PHYSICIAN | | | | | DATE JUN 9 |
| RHYTHM Normal Sinus | | | AXIS DEVIATION (QRS) | | RATES AURIC. VENT. 70 |
| INTERVALS PR 0.16 QRS 0.08 QT | | | P WAVES Normal | | |
| QRS COMPLEXES Small septal ql, avl, v5, v6. | | | T WAVES Low upright T3, avl | | |
| RS-T SEGMENT Normal | | | | | |
| PRECARDIAL LEADS (Specify) Normal | | | | | |

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

CONCLUSION: 1. Semi-horizontal heart without significant rotation.
2. Normal Tracing.

b6
b7C



PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Felt "W" MARK

REGISTER NO.

FB 1

WARD NO.

Ch. Med.

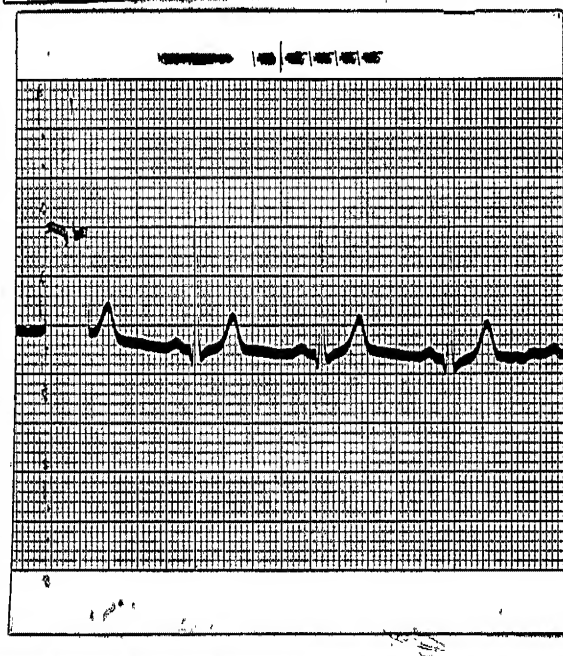
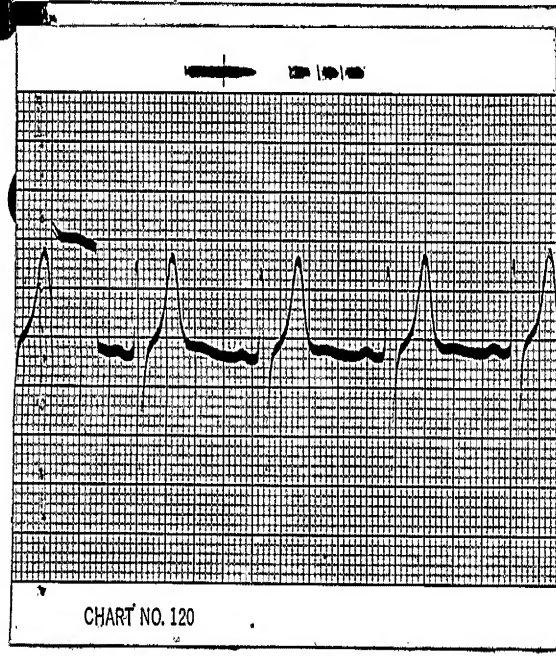
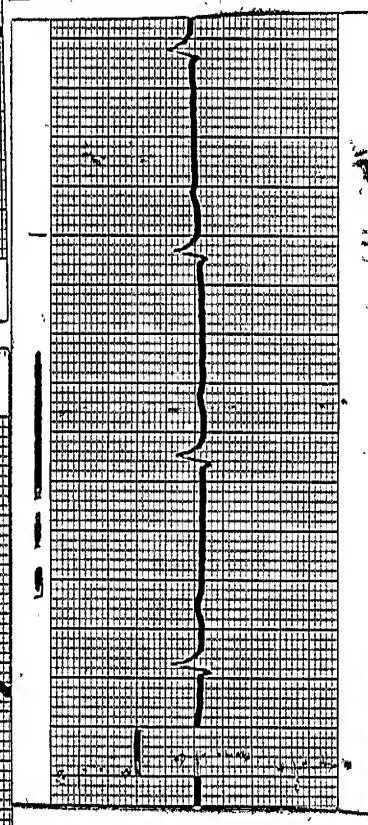
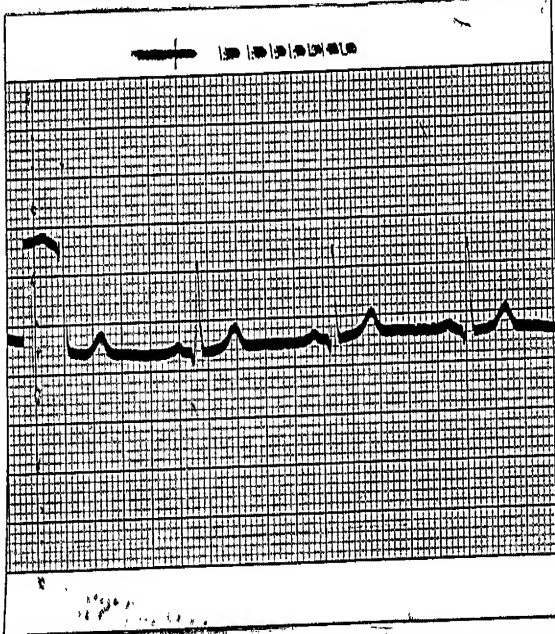
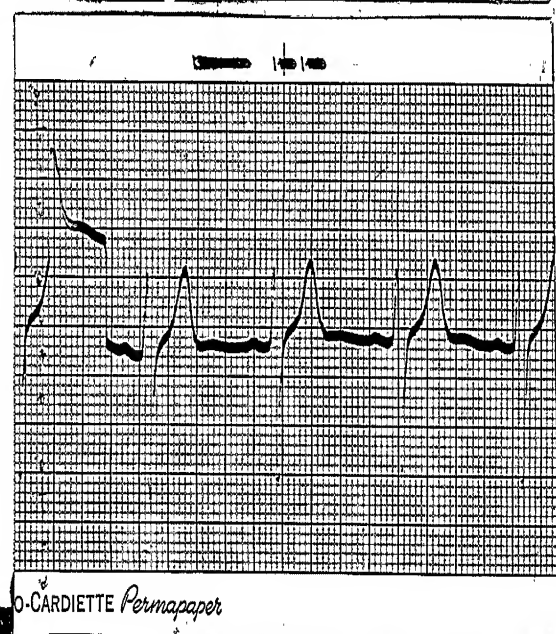
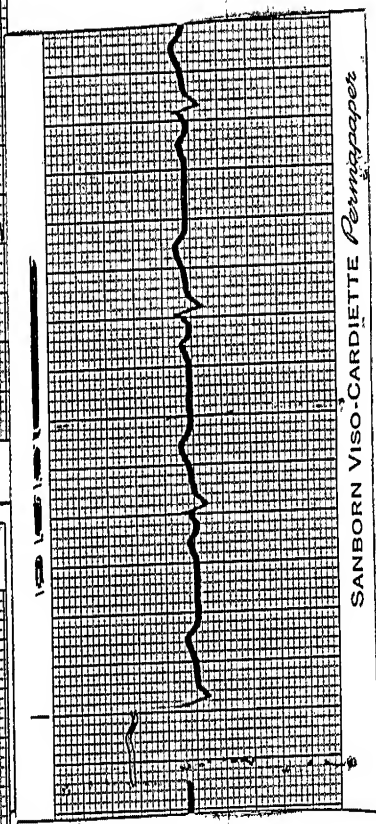
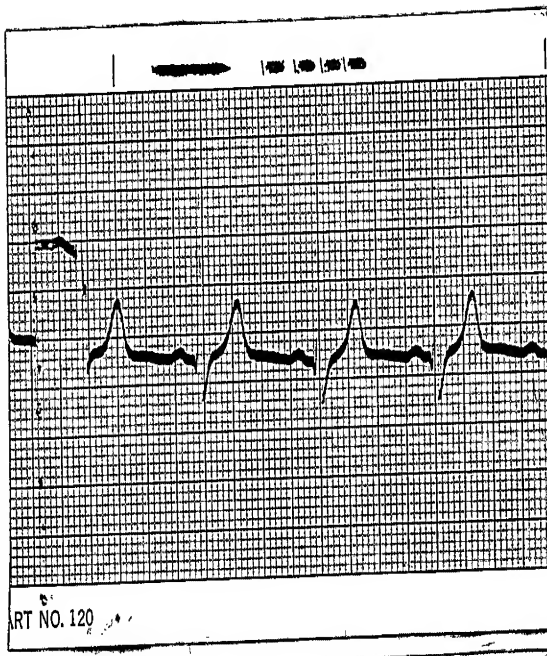
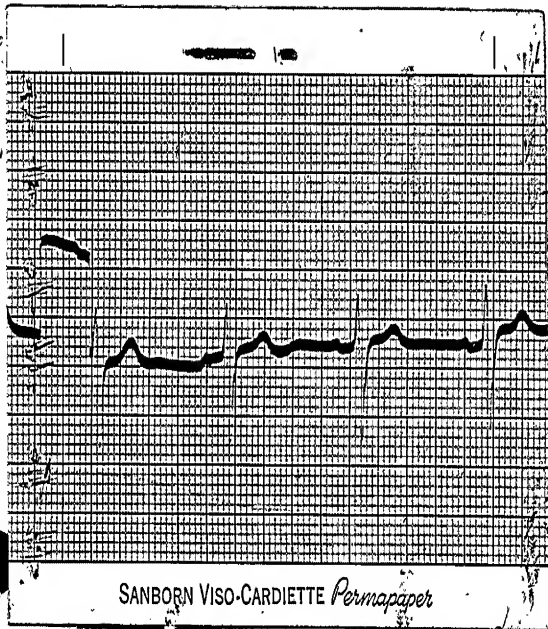
HEART STATION
U. S. NAVAL HOSPITAL
Pacemont, Washington

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

67-276576-106

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

12 JUN 1952



| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | PREVIOUS ECG | |
|---|----------|-------------|--------|--------|-------|-----------------------------|--|---|--|
| CLINICAL IMPRESSION FBI ANN PHYS (Over 35) | | | | | | MEDICATION | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | | | | | | | <input type="checkbox"/> EMERGENCY | <input type="checkbox"/> BEDSIDE |
| | | | | | | | | <input checked="" type="checkbox"/> ROUTINE | <input checked="" type="checkbox"/> AMBULANT |
| AGE 45 | SEX M | RACE Cau | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | | DATE 28 Jul 59 |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| | | | | | | | | AURIC. VENT. | |
| INTERVALS PR QRS QT | | | | | | P WAVES | | b6 b7C | |
| | | | | | | | | | |
| QRS COMPLEXES | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | |

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Within normal limits

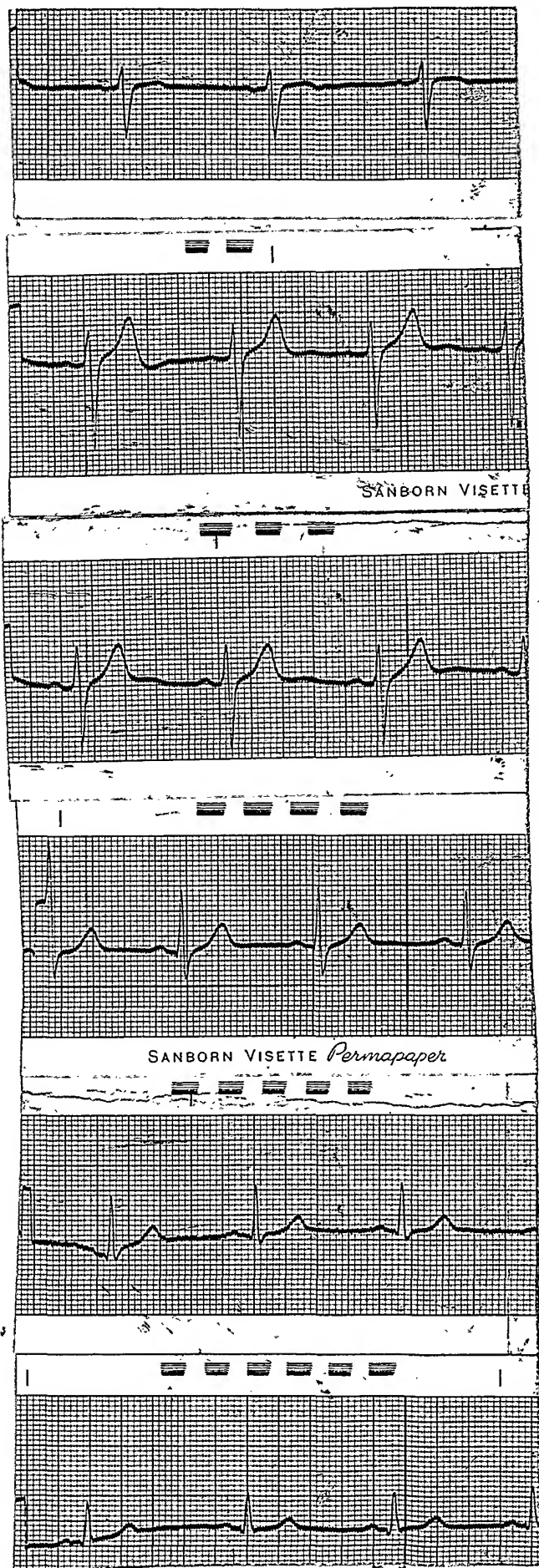
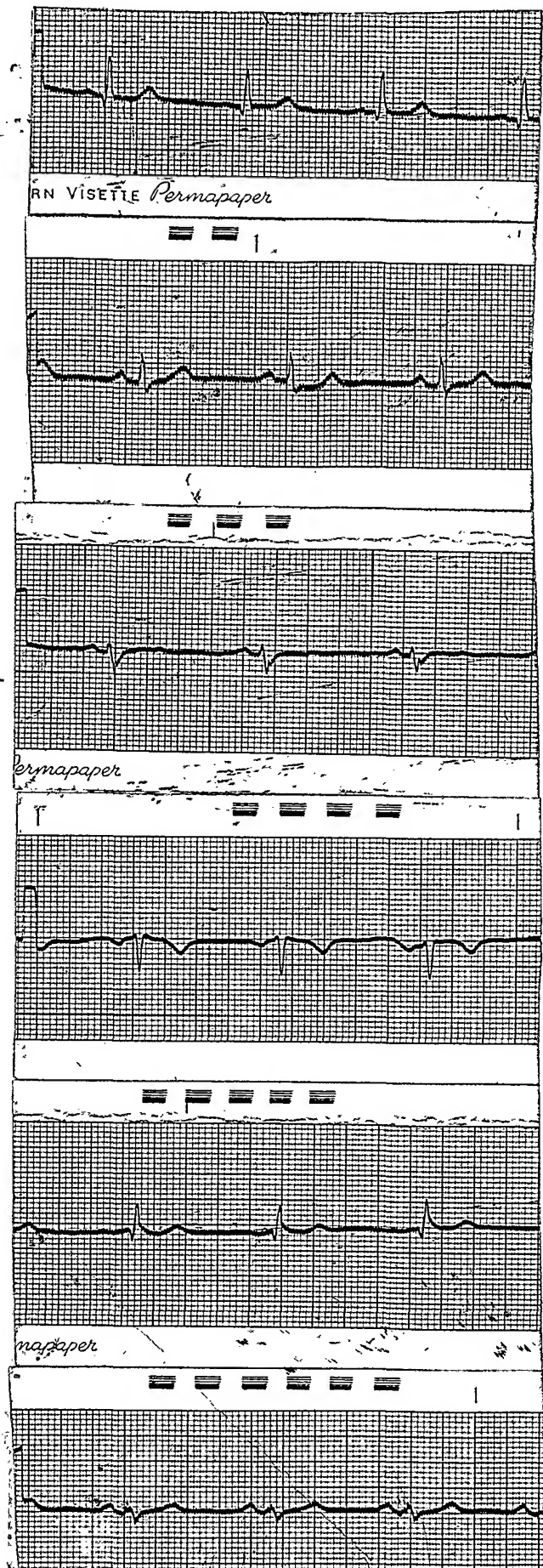
b6
b7C

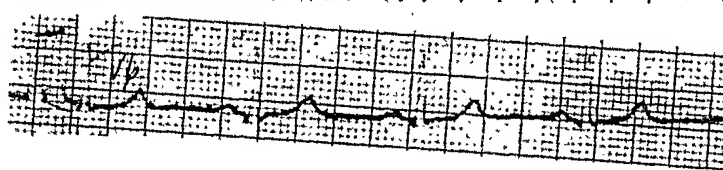
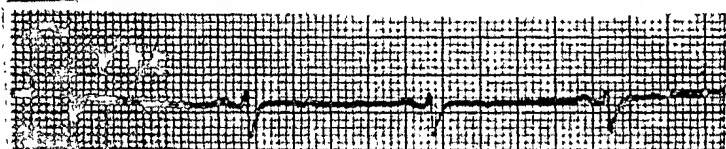
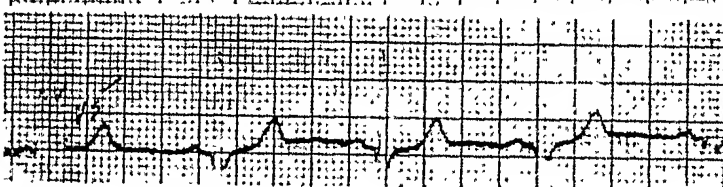
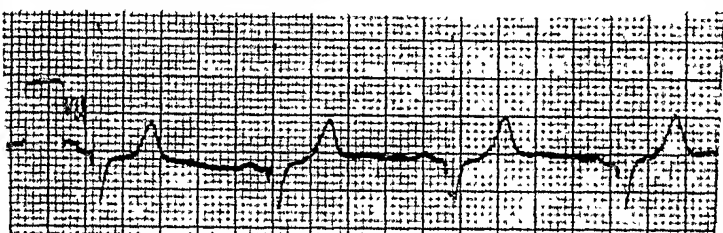
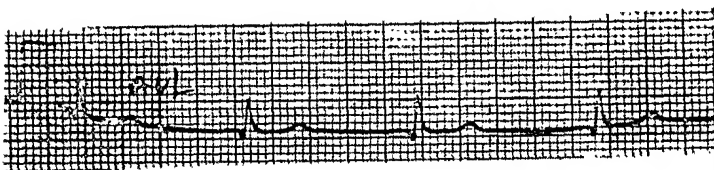
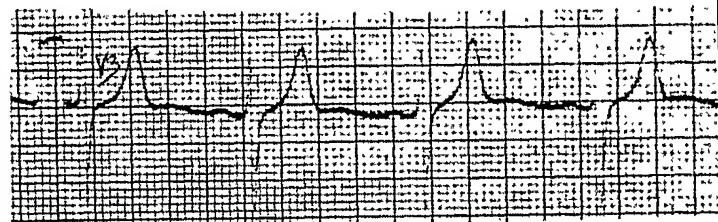
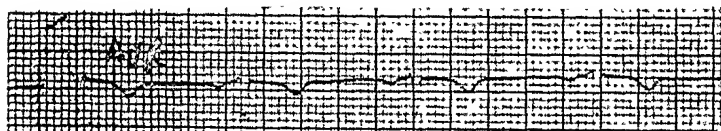
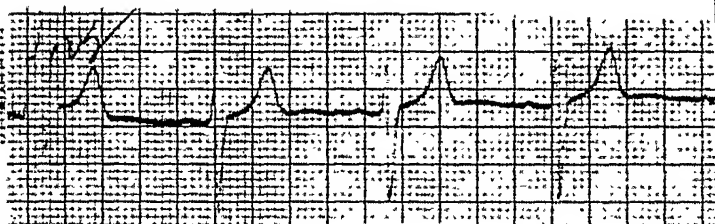
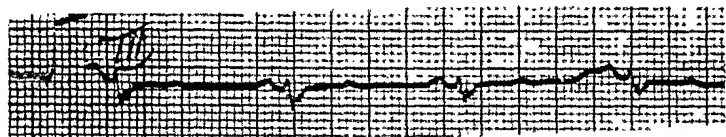
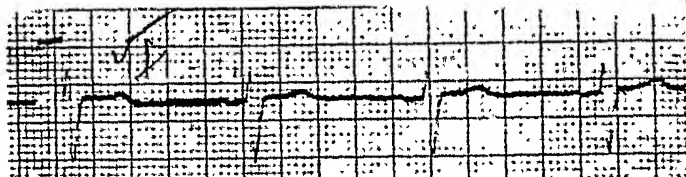
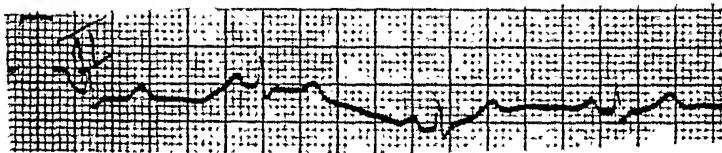
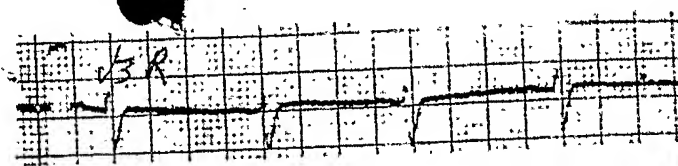
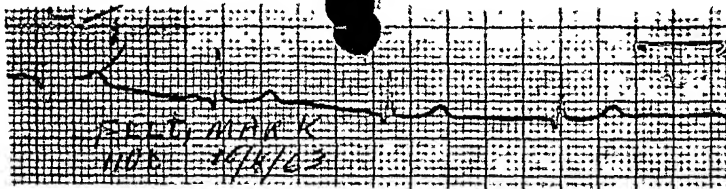
(Continue on reverse)

| | | | |
|---|-----------|-------------------|-----------------------|
| NO. ECG | SIGNATURE | DATE 28 Jul 59 | |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. Sgt Major |
| FELT, W. Mark. | | FBI | |

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

28 Jul 59 - USAH, FT LEAVENWORTH, KANSAS





Name: FELT Mac' SAMPBL

b6
b7C

| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | PREVIOUS ECG | |
|---------------------------------|-----|------|--------|--------|-------|-----------------------------|--|---|--|
| CLINICAL IMPRESSION | | | | | | MEDICATION | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| | | | | | | | | <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> AMBULANT |
| AGE | SEX | RACE | HEIGHT | WEIGHT | D. P. | SIGNATURE OF WARD PHYSICIAN | | | DATE |
| 50 | M | CAUC | 72 1/2 | 170 | | <i>NSH</i> | | | 10-4-63 |
| INTERVALS | | | | | | AXIS DEVIATION (QRS) | | RATED | |
| PR 18 | | | | | | QT 0.08 | | AURIC. VENT. | |
| QRS COMPLEXES | | | | | | P WAVES | | T WAVES | |
| ST-T COMMENT | | | | | | | | | |
| UNUSUAL EXTREMITY LEADS (SPK/5) | | | | | | | | | |
| UNUSUAL LEADS (SPK/5) | | | | | | | | | |

CLINICAL COMMENT AND IMPLICATIONS:

Right ventricular conduction delay

b6
b7C



| | |
|--------------|------------------|
| DATE | 10-4-63 |
| REGISTER NO. | <i>Ch. Davis</i> |

Felt, 10-4-63

RECEIVED
FBI
OCT 10 1963

| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC REPORT | | PREVIOUS ECG | |
|--|--|-----------|--|--|--|-----------------------------|--|---|--|
| CLINICAL IMPRESSION | | | | | | MEDICATION | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| AGE SEX RACE HEIGHT WEIGHT B. P. SIGNATURE OF WARD PHYSICIAN 38 Male Cauc 72 184 124/72 | | | | | | DATE | | <input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| INTERVALS | | | | | | P WAVES | | AURIC. VENT. | |
| QRS COMPLEXES | | | | | | T WAVES | | | |
| RS-T SEGMENT | | | | | | | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | |
| SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: | | | | | | | | | |
| NO. ECG | | SIGNATURE | | | | TITLE | | DATE | |

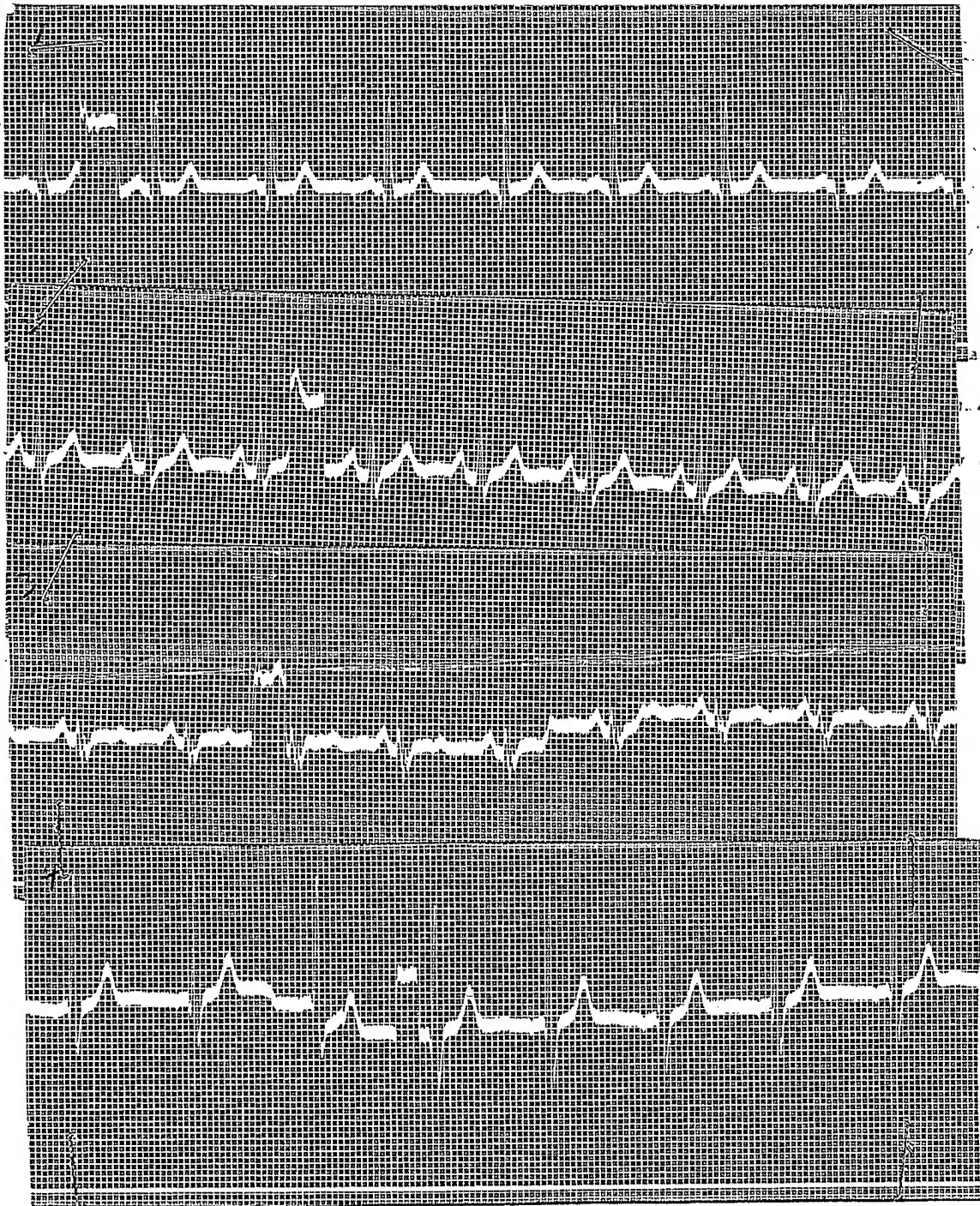
MOUNT TRACINGS HERE

(Continue on reverse)

| | | | |
|--|--|--------------|----------|
| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | | REGISTER NO. | WARD NO. |
| "W" Mark Felt FBI | | | |

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

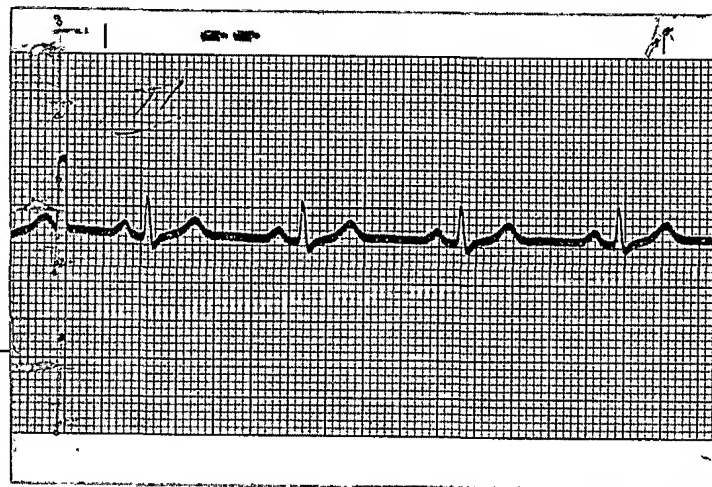
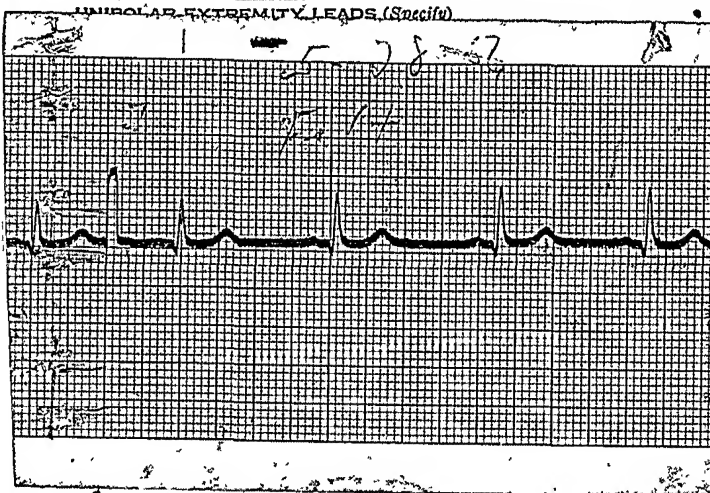


(Note: No significant changes)

ECG tracing showing a regular rhythm with a rate of approximately 75 bpm. The P waves are upright and of moderate amplitude. The QRS complexes are narrow and show a small Q wave in Lead I and a deep S wave in Lead aVF. The T waves are upright and of moderate amplitude. The overall appearance is that of a standard clinical ECG recording.

| CLINICAL RECORD | | ELECTROCARDIOGRAPHIC RECORD | | PREVIOUS ECG | | | |
|--|------|-----------------------------|--------|------------------------------------|--|--------------------|---------|
| CLINICAL IMPRESSION FBI ANNUAL PHYSICAL | | MEDICATION | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | |
| | | | | <input type="checkbox"/> EMERGENCY | <input type="checkbox"/> BEDSIDE | | |
| | | | | <input type="checkbox"/> ROUTINE | <input checked="" type="checkbox"/> AMBULANT | | |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD | DATE |
| 42 | Male | Cauc | 72" | 176 | 122/70 | | 5-28-56 |
| RHYTHM | | | | AXIS DEVIATION (QRS) | | RATES | |
| REGULAR | | | | NONE | | AURIC. 73 VENT. 73 | |
| INTERVALS | | | | P WAVES | | | |
| PR 0.15 sec QRS 0.08 sec QT 0.36 sec | | | | NORMAL | | | |
| QRS COMPLEXES | | | | RS-T SEGMENT | | T WAVES | |
| NORMAL | | | | NORMAL | | NORMAL | |

b6
b7C



SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

- (1) SINUS RHYTHM
- (2) WITHIN NORMAL LIMITS.

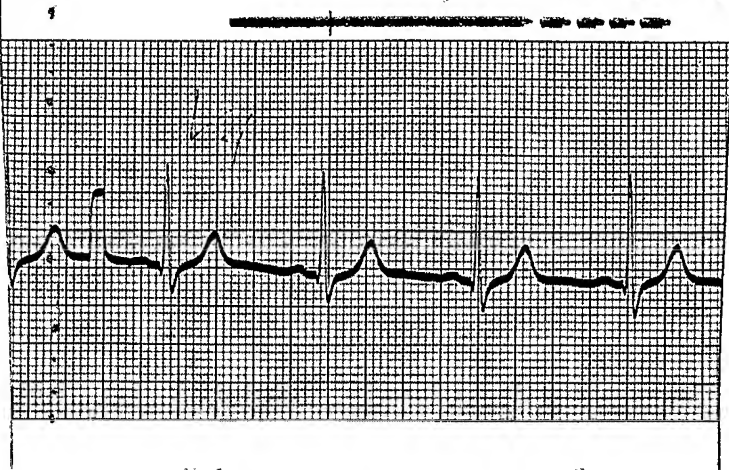
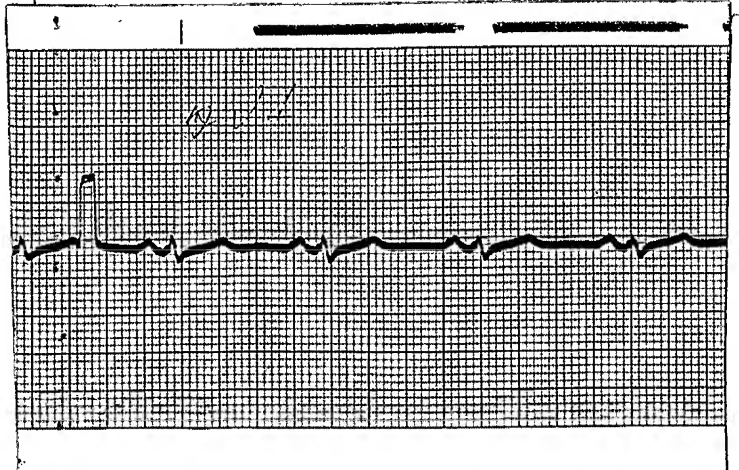
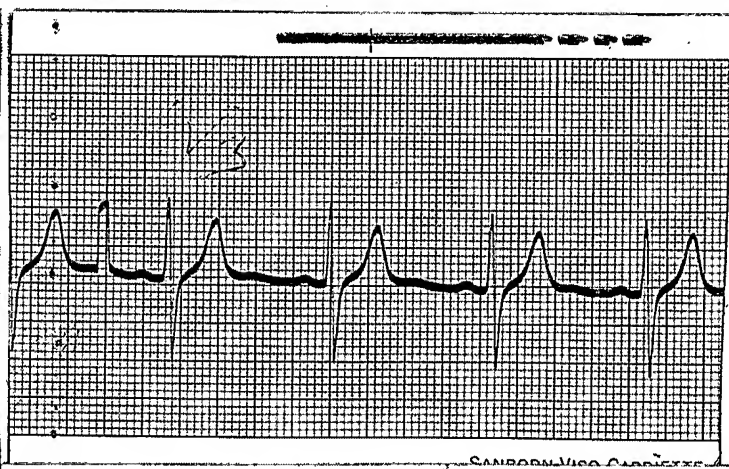
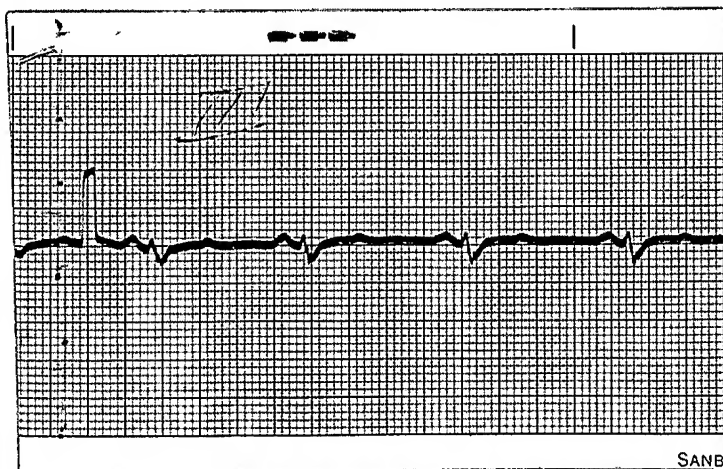
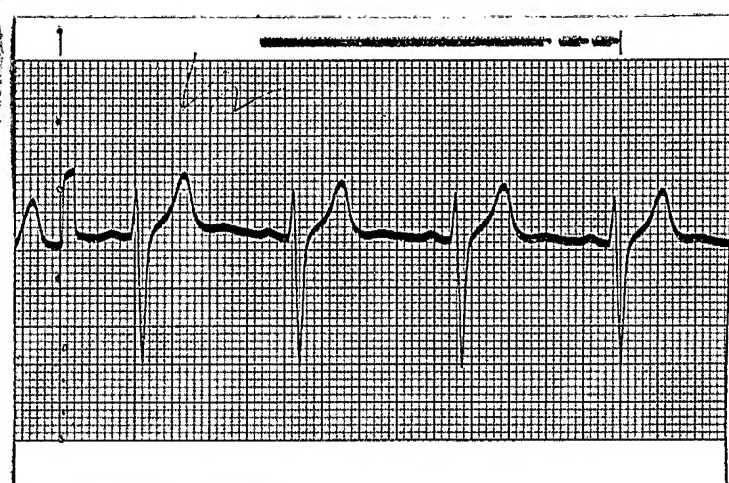
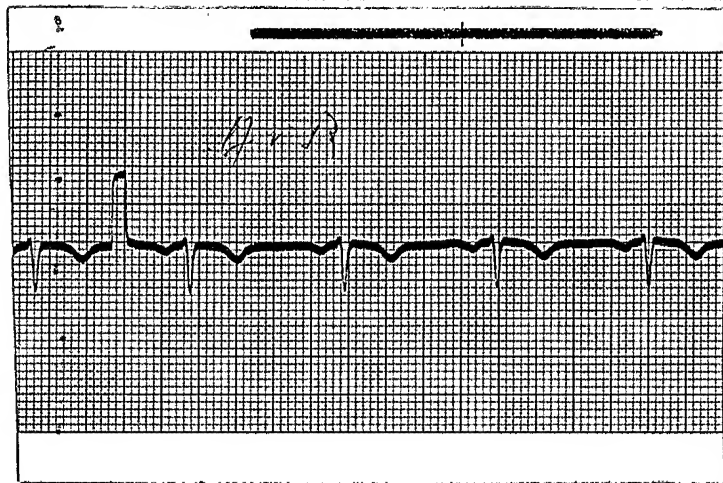
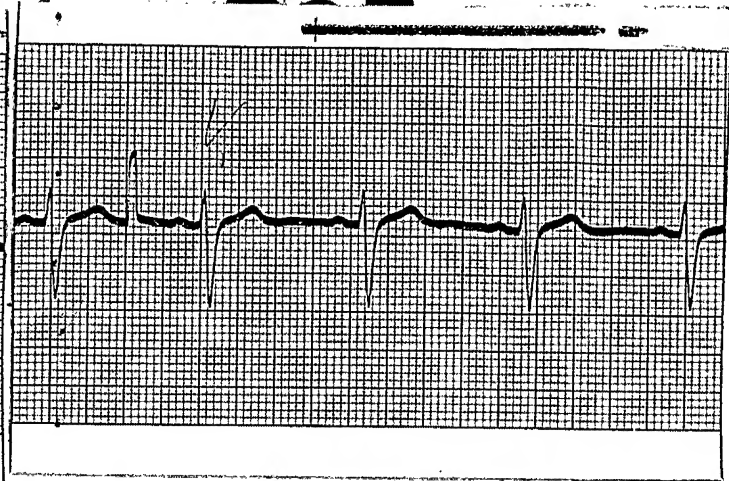
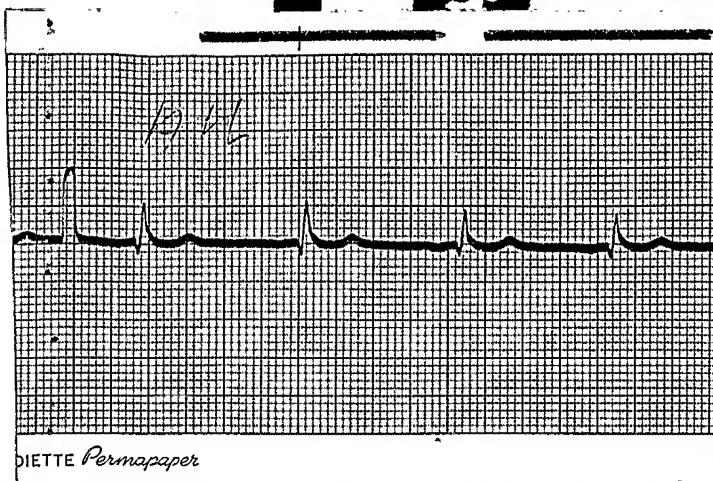
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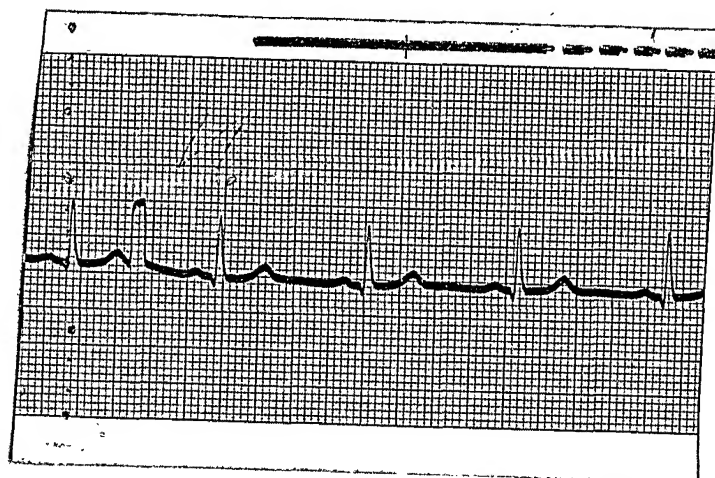
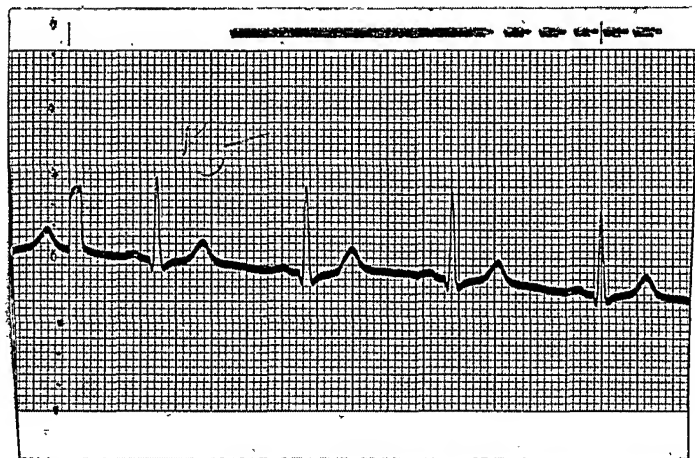
| | | | | | |
|--|--|-------|--------------|---------|-------------|
| NO. | | TITLE | | DATE | |
| ECG E5586 | | | | 5-28-56 | |
| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | | | REGISTER NO. | | WARD NO. |
| FELT, W. Mark FBI Agent | | | | | PhysExamOff |

U. S. NAVAL HOSPITAL
CORONA, CALIFORNIA
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

ENCLOSURE 67-276576-184





RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-20-73

I certify that I have ☐ received ☒ returned the following Government property for official use:

- ~~BADGE WITH CASE # 6765 - Mounted~~
- ~~COMMISSION CARD WITH CASE # 2~~
- ~~COLT OFFICIAL POLICE REVOLVER # 658710~~
- ~~O.P. HIP HOLSTER X ADAPTER X~~
- ~~FIFTH FLOOR MASTER KEY~~
- ~~D.C. OFFICIAL PARKING PERMIT # 01452~~
- ~~PARKING PERMIT SPACE #16 USDJ GARAGE - Destroyed~~
- ~~KEY TO DIRECTOR'S SUITE # 2~~
- ~~.38 S & W BODYGUARD MODEL 49, SN 4J3773/WITH HOLSTER~~

FILE
3/

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

NOT RECORDED

4 SEP 19 1973

Very truly yours,

(Signature)

(Typed name)

Mark W. Felt

72

63

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date June 12, 1973

I certify that I have ☐ received ☒ returned the following Government property for official use:

- MANUAL OF RULES AND REGULATIONS # 1
- MANUAL OF INSTRUCTIONS # 706
- SUPERVISORS MANUAL # 212
- TIME AND ATTENDANCE MANUAL #202
- FOREIGN OPERATIONS POLICY MANUAL # 13
- SOG INSPECTOR'S MANUAL # 2

FILE

3/

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

RECORDED

4 SEP 19 1973

72

63

Very truly yours,

(Signature)

(Typed name)

Mark W. Felt

LAW OFFICES

FRANK, BERNSTEIN, CONAWAY & GOLDMAN

1300 MERCANTILE BANK & TRUST BUILDING

2 HOPKINS PLAZA

BALTIMORE, MARYLAND 21201

CABLE ADDRESS
FRASKOP

AREA CODE 301
752-3905

May 29, 1973

ELI FRANK, JR.
HOWARD H. CONAWAY
ROBERT M. GOLDMAN
JOHN H. HEROLD
M. PETER MOSER
LAWRENCE F. RODOWSKY
LEONARD E. COHEN
SHALE D. STILLER
ROBERT G. LEVY
STEPHEN H. SACHS
WILBERT H. SIROTA
BERRYLL A. SPEERT
GEORGE W. LIEBHANN
RONALD P. FISH
PETER F. AXELRAD
MAX E. BLUMENTHAL
ALAN I. BARON

Mr. Malmfeldt
Mr. Holm

E II
JOSEF II

CYNIL
MONTE
J. DARI
DONOV
PETER
AVERY
DAVID I
JOHN
GEORGE
AHN H
PAUL H
JAY I
OREGO
ALIAN

CO
OGR

Mr. Baker
Mr. Callahan
Mr. Cleveland
Mr. Conrad
Mr. Gebhardt
Mr. Jenkins
Mr. Marshall
Mr. Miller
Mr. Soyars
Mr. Thompson
Mr. Walters
Tele. Room
Mr. Baines
Mr. Barnes
Mr. Bowen
Mr. Herings
Mr. Connelley
Mr. Mintz
Mr. Erdle
Mrs. Hogg

The Honorable William D. Ruckelshaus
Acting Director
Federal Bureau of Investigation
Washington, D. C. 20530

Dear Mr. Ruckelshaus:

I am an attorney for L. Patrick Gray, former Acting Director of the Federal Bureau of Investigation, and have been working with him in recent weeks with respect to numerous requests for testimony from him by the grand jury and committees of the Congress. I am sure you can appreciate Mr. Gray's desire that his testimony be at all times as precise as possible and, in that connection, I recently spoke by telephone to W. Mark Felt, Acting Associate Director of the Federal Bureau of Investigation, to request an interview with Mr. Felt for the purpose of refreshing Mr. Gray's recollection as to various events, dates and conversations which occurred during Mr. Gray's tenure as Acting Director of the Federal Bureau of Investigation. Mr. Felt quite properly suggested that I seek your permission for such an interview and I hereby do so.

I am prepared to undertake the interview in the presence of anyone whom you desire to be present. Its purpose, I assure you, is not to learn any information to which Mr. Gray is not entitled but is only to check Mr. Gray's sometimes imperfect recollection against the recollection of Mr. Felt with whom Mr. Gray shared some of the events and occurrences he is now being called upon to describe in sworn testimony. In short, I make this request solely in the interest of accuracy.

REC-79

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67-101-100000

119 JUN

6/1/73

6/4/73

10 MAY 1973

CORRESPONDENCE

FEDERAL BUREAU OF INVESTIGATION

May 17

1973

| | | |
|---|---|---|
| <input type="checkbox"/> Acting Director | <input type="checkbox"/> Mr. Arnett | <input type="checkbox"/> Miss Adams |
| <input type="checkbox"/> Mr. Felt | <input type="checkbox"/> Mr. Arnold | <input type="checkbox"/> Miss Ayres |
| <input type="checkbox"/> Mr. Baker | <input type="checkbox"/> Mr. Burns | <input type="checkbox"/> Mrs. Bear |
| <input type="checkbox"/> Mr. Callahan | <input type="checkbox"/> Mr. Cahill | <input type="checkbox"/> Miss Boorech |
| <input type="checkbox"/> Mr. Cleveland | <input type="checkbox"/> Mr. Cashin | <input type="checkbox"/> Mrs. Carter |
| <input type="checkbox"/> Mr. Conrad | <input type="checkbox"/> Mr. Davidson | <input type="checkbox"/> Mr. Cheesman |
| <input type="checkbox"/> Mr. Gebhardt | <input type="checkbox"/> Mr. Davis | <input type="checkbox"/> Mrs. Dove |
| <input type="checkbox"/> Mr. Jenkins | <input type="checkbox"/> Mr. Dawson | <input checked="" type="checkbox"/> Mrs. Foley |
| <input type="checkbox"/> Mr. Marshall | <input type="checkbox"/> Mr. Devine | <input type="checkbox"/> Mr. Frauson |
| <input type="checkbox"/> Mr. Miller, E. S. | <input type="checkbox"/> Mr. Fitzgerald | <input type="checkbox"/> Miss Goode |
| <input type="checkbox"/> Mr. Mintz | <input type="checkbox"/> Mr. Flynn | <input type="checkbox"/> Mr. Jackson |
| <input type="checkbox"/> Mr. Soyars | <input type="checkbox"/> Mr. Groover | <input type="checkbox"/> Mr. Keane |
| <input type="checkbox"/> Mr. Thompson | <input type="checkbox"/> Mr. Hereford | <input type="checkbox"/> Miss Kunz |
| <input type="checkbox"/> Mr. Walters | <input type="checkbox"/> Mr. Hunsinger | <input type="checkbox"/> Mr. Lawless |
| <input type="checkbox"/> Mr. Baise | <input type="checkbox"/> Mr. Keutzer | <input type="checkbox"/> Mrs. Liddon |
| <input type="checkbox"/> Mrs. Hogan | <input type="checkbox"/> Mr. McKenzie | <input type="checkbox"/> Mr. McMichael |
| <input type="checkbox"/> Mr. Bassett | <input type="checkbox"/> Mr. Midkiff | <input type="checkbox"/> Mr. Marsden |
| <input type="checkbox"/> Mr. Campbell | <input type="checkbox"/> Mr. Miller | <input type="checkbox"/> Miss Murney |
| <input type="checkbox"/> Mr. Walsh | <input type="checkbox"/> Mr. Morrissey | <input type="checkbox"/> Mrs. Randolph |
| <input type="checkbox"/> Mr. Dunphy | <input type="checkbox"/> Mr. Mullen | <input type="checkbox"/> Miss Rochat |
| <input type="checkbox"/> Mr. Feeney | <input type="checkbox"/> Mr. Northup | <input type="checkbox"/> Mr. Schweitzer |
| <input type="checkbox"/> Mr. Green | <input type="checkbox"/> Mr. O'Connell | <input type="checkbox"/> Mr. Slinkard |
| <input type="checkbox"/> Mr. Gregory | <input type="checkbox"/> Mr. Olsen | <input type="checkbox"/> Mrs. A. Smith |
| <input type="checkbox"/> Miss Tietgen | <input type="checkbox"/> Mr. Pietsch | <input type="checkbox"/> Miss M. Smith |
| <input type="checkbox"/> Mrs. Kush | <input type="checkbox"/> Mr. Poleski | <input type="checkbox"/> Miss Soden |
| <input type="checkbox"/> Miss Mary Southers | <input type="checkbox"/> Mr. Reilly | <input type="checkbox"/> Mrs. Stewart |
| <input type="checkbox"/> Miss Hatgiannis | <input type="checkbox"/> Mr. Rolander | <input type="checkbox"/> Mrs. Stoll |
| <input type="checkbox"/> Miss Zamperini | <input type="checkbox"/> Mr. Schulte | <input checked="" type="checkbox"/> Miss Tibbetts |
| <input type="checkbox"/> Mr. Row | <input type="checkbox"/> Mr. Stoetzel | <input type="checkbox"/> Mrs. Watson |
| <input type="checkbox"/> Mr. Hauer | <input type="checkbox"/> Mr. Woodworth | <input type="checkbox"/> Mr. Wyne |
| <input type="checkbox"/> Mr. Brownfield | <input type="checkbox"/> See Me | <input type="checkbox"/> Movement Unit |
| | <input type="checkbox"/> Call Me | <input type="checkbox"/> Radio Section |
| | <input type="checkbox"/> For Your Information | <input type="checkbox"/> Personnel Records |
| | <input type="checkbox"/> For Appropriate Action | <input type="checkbox"/> Stock Room, B-216 |
| | <input type="checkbox"/> Note and Return | <input type="checkbox"/> Teletype Unit |
| | <input type="checkbox"/> Record and Return | <input type="checkbox"/> Data Processing Section |
| | | <input type="checkbox"/> Records Branch |
| | | <input type="checkbox"/> Mail Room |
| | | <input type="checkbox"/> Reading Room |

3. Mr. [unclear] Room [unclear]
also put on [unclear] [unclear]
[unclear]

4 622

0 P 0

N.P. CALLAHAN

FRANK, BERNSTEIN, CONWAY & GOLDMAN

The Honorable William D. Ruckelshaus

May 29, 1973

Page Two

I hope and trust that you will grant permission for the interview.

Very sincerely yours,

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md

SHS:mlh

ccs: Mr. W. Mark Felt
Mr. L. Patrick Gray

THE ACTING DIRECTOR

6-5-73

W. M. FELT

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b7C

SECURITIES AND EXCHANGE ACT

Yesterday, 6-4-73, Assistant U. S. Attorney [redacted]
[redacted], Southern District of New York, called concerning the captioned case.

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He said that he would like me to personally bring the official Bureau file copies which they have requested for introduction into evidence. He also wants to interview me as a potential witness in the case. The only mutually convenient date for me to go to New York for interview is on Monday, June 18, 1973. Accordingly, I will proceed to New York on that date for interview during the afternoon and will return to Washington, D. C., on June 19th.

I had previously planned to be on annual leave on those dates; however, I now plan to take annual leave on June 13, 14, 15, 20, 21 and 22 instead. This means that my last active duty day will be June 19th instead of June 12th.

RECOMMENDATION:

None. Informative.

WMF:pmd

(4)

1 - Mr. Callahan

① Personnel file of W. Mark Felt

67-NOT RECORDED

JUN 6 1973

FILE

July 12, 1973

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

Dear Mark:

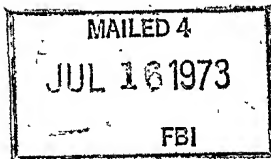
I am enclosing a copy of the July, 1973,
issue of "The Investigator," which contains an article
on page 22 regarding your retirement.

It is my sincere wish that your years of
retirement bring you much happiness and continued good
health.

Sincerely,

Clarence

REC-137



276576-439
JUL 17 1973
6

Enclosure

NOTE: Mr. Felt EOD 1/26/42 and retired 6/12/73 and was
placed on Special Correspondents List.

- Mr. Felt _____
- Mr. Baker _____
- Mr. Callahan _____
- Mr. Cleveland _____
- Mr. Conrad _____
- Mr. Gebhardt _____
- Mr. Jenkins _____
- Mr. Marshall _____
- Mr. Miller, E.S. _____
- Mr. Soyars _____
- Mr. Thompson _____
- Mr. Walters _____
- Tele. Room _____
- Mr. Baise _____
- Mr. Barnes _____
- Mr. Bowers _____
- Mr. Herington _____
- Mr. Conmy _____
- Mr. Mintz _____
- Mr. Eardley _____
- Mrs. Hogan _____

RCF:dmg
(5)

JUL 31 1973 143

MAIL ROOM ☐

TELETYPE UNIT ☐

sem
LJH

UNITED STATES GOVERNMENT

Memorandum

TO : MR. WALSH

DATE: July 27, 1973

FROM : T. J. FEENEY *TOP*
RCR

SUBJECT: W. MARK FELT
Former Acting Associate Director

EDWARD S. MILLER
Assistant Director
Intelligence Division

b6
b7C

Assoc. Dir. ☒
Asst. Dir.: ☒
Admin. ☒
Comp. Syst. ☒
Files & Com. ☒
Gen. Inv. ☒
Ident. ☒
Inspection ☒
Intell. ☒
Laboratory ☒
Plan. & Eval. ☒
Spec. Inv. ☒
Training ☒
Legal Coun. ☒
Cong. Serv. ☒
Corr. & Crm. ☒
Research ☒
Press Off. ☒
Telephone Rm. ☒
Director Sec'y ☒

INQUIRY CONCERNING

This afternoon the Service Record Inquiries Subunit received a call from an individual identifying himself as Frank Martin of the Special Prosecutor's Office, requesting the home addresses of captioned individuals. SA [redacted] of the Personnel Section returned the call and verified that Mr. Martin is in fact employed in Special Prosecutor Archibald Cox's Office, and had requested this information.

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In view of the fact this appears to be an official request there is no reason not to furnish Mr. Martin with this information.

RECOMMENDATION:

That the addresses of Mr. Felt and Mr. Miller be obtained and telephonically furnished to Mr. Martin of the Special Prosecutor's Office.

WGD
WGD:mfs
(5)

- 1 - Mr. Feeney
- 1 - Mr. Miller
- 1 - Personnel File of Mr. Miller

2 AUG 13 1973

MR - FRANK MARTIN WAS
FURNISHED REQUESTED
INFORMATION AT 5:30 PM
7/27/73

WGD 37

61-276576-440
Searched ☒ Numbered ☒
REC-135 AUG 8 1973

Mr. N. P. Callahan

July 30, 1973

E. S. Miller

1 - Mr. N. P. Callahan
1 - Mr. E. S. Miller
1 - Mr. W. V. Cleveland

SPECIAL PROSECUTOR'S OFFICE

On 7/27/73 a Frank Martin from Special Prosecutor Cox's Office, telephonically contacted the Bureau to inquire as to the home addresses of Mr. Felt and me. Mr. Bassett inquired at the time as to whether I had any idea why Martin wanted my home address and, of course, I did not except I did speculate the possibility that one of these days I might be subpoenaed for one reason or another regarding questions concerning the investigation being conducted by Cox's Office.

I learned today that Martin knew that Felt had retired and thought that I had also retired and that is the reason why he wanted my home address. He now knows my whereabouts.

He also advised that he was considering talking with Mr. Felt about "Inlet" and the [redacted] investigation. He indicated he was considering talking with me about the "Huston Report" which has been referred to frequently during the Watergate hearings.

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b7C

His general area of concern in pursuing these matters is to endeavor to ascertain whether or not the Administration has used the FBI for political investigations. He indicated that he has no firm intention of pursuing these interviews but it is a possibility.

In the event I hear any more from him, you will be advised.

ACTION:

For information.

ESM:mel
(2)

1 - Personnel File E. S. Miller
1 - Personnel File W. M. Feltman

67-NOT RECORDED
10 AUG 3 1973

(92)

Third Card

(RECORD EACH NAME CHANGE—STRIKE OUT PREVIOUSLY RECORDED NAME)

| SERVICE HISTORY | | | | FISCAL RECORD | | | |
|-----------------------------|-------------------------------------|-----------------|----------------|---------------|--|---|-------------------|
| EFFECTIVE DATE (1) | ACTION (2) | BASE PAY (3) | REMARKS (4) | YEAR (5) | CALENDAR YEAR SALARY DEDUCTIONS (6) | ACCUMULATIVE TOTAL SALARY DEDUCTIONS (7) | DO NOT USE (8) |
| BSI (PL 89-504) | approved 1/18/66 Effective 7/3/66 | | | 1965 | Balance forward | 14949.76 | |
| | | \$25,890 | GS 18 | 1966 | 1639.04 | 16588.80 | |
| BSI (PL 90-206) | approved 12/16/67 Effective 10/8/67 | | | 1967 | 1697.80 | 18286.60 | |
| | | \$27,055 | | 1968 | 1784.64 | 20071.24 | |
| BSI (Executive Order 11413) | approved | | | 1969 | 2026.97 | 22098.21 | |
| 6/11/68 effective 7/14/68 | | \$28,000 | | 1970 | 2467.04 | 24565.25 | |
| 2-23-69 | EXECUTIVE | | | 1971 | 2517.94 | 27082.99 | |
| | PAY RAISE | \$ 30,239 | | 1972 | 2520.44 | 29603.43 | |
| BSI (Executive Order 11474) | approved | | | | | | |
| 6/16/69 effective 7/13/69 | | 33,495 | | | | | |
| BSI (PL 91-231) | approved 4/15/70 effective 12/28/69 | | | | | | |
| | | \$35,505 | | | | | |
| BSI (Executive Order 11576) | approved | | | | | | |
| 1/8/71 effective 1/10/71 | | 36,000 | | | | | |
| 1-7-73 | BSI (EO 11691) | 36,000 | | | | | |

Standard Form No. 2806
Form prescribed by Comp. Gen., U. S., March 3, 1957, 6 GAO 5000

GPO : 1954-O-458954

INDIVIDUAL RETIREMENT RECORD
(CIVIL SERVICE RETIREMENT SYSTEM) :

Original Sent to CSD

14393

511-16-0018

Second Card

| | | | | | | | | | |
|-------------------|------------------|---------------------|-----------------|--|--|--|-------------------|------------------------|------------------------|
| LAST NAME FELT | FIRST NAME W. | MIDDLE NAME MARK | SEX M F X | DATE OF BIRTH MONTH DAY YEAR 8 17 1913 | | | AGENCY JUSTICE | PAY ROLL OFFICE FBI | LOCATION WASHINGTON |
| 1. _____ | | | NO. _____ | | | | | | |
| 2. _____ | | | _____ | | | | | | |
| 3. _____ | | | _____ | | | | | | |
| 4. _____ | | | _____ | | | | | | |

(RECORD EACH NAME CHANGE—STRIKE OUT PREVIOUSLY RECORDED NAME)

| SERVICE HISTORY | | | | FISCAL RECORD | | | | |
|--|------------------------|-----------------|----------------|---------------|--|---|-------------------|----------------|
| EFFECTIVE DATE (1) | ACTION (2) | BASE PAY (3) | REMARKS (4) | YEAR (5) | CALENDAR YEAR SALARY DEDUCTIONS (6) | ACCUMULATIVE TOTAL SALARY DEDUCTIONS (7) | DO NOT USE (8) | REMARKS (9) |
| 12/19/54 | Per Step Inc | \$8760 | GS 13 SA | 1954 | | 14394.92 | | |
| BSI approved June 28, 1955, same grade | | | | 1955 | 556.12 | 4951.04 | | |
| | Retroactive to 3-13-55 | 9420.00 | GS 13 | 1956 | 629.22 | 5580.26 | | |
| 12-18-55 | Promotion | 10,320 | GS 14 | 1957 | 710.10 | 6290.36 | | |
| 6-16-57 | Per Step Inc | 10,535 | GS 14 | 1958 | 824.37 | 7114.73 | | |
| 6-30-57 | Promotion | 11,610 | GS 15 | 1959 | 924.23 | 8038.96 | | |
| 12-11-58 | Promotion | 14,190 | GS 16 | 1960 | 960.63 | 8999.59 | | |
| 6/12/60 | Per step inc | \$14,430** | GS 16 | 1961 | 1008.54 | 10,008.13 | | |
| BSI | | | | 1962 | 1038.50 | 11,046.63 | | |
| Effective 7/1/60 | | \$15,515** | | 1963 | 1138.28 | 12,184.91 | | |
| 12/10/61 | Per Step Inc | \$15,775* | GS 16 | 1964 | 1285.43 | 13470.34 | | |
| BSI (PL 87-793) approved 10/11/62 | | | | 1965 | 1479.42 | 14,949.76 | | |
| Effective 10/14/62 | | \$17,000* | GS 16 | | | | | |
| 12/9/62 | SSI | \$17,500 | GS 16 | | | | | |
| BSI (PL 87-793) approved 10/11/62 | | | | | | | | |
| Effective 1/5/64 | | \$17,500 | GS 16 | | | | | |
| BSI (PL 88-426) approved 8/14/64 Effective 7/5/64 | | | | | | | | |
| | | \$20,900 | | | | | | |
| 12-6-64 | WGI | 21,555 | GS 16 | | | | | |
| 3-19-65 | Promotion | 22,945 | GS 17 | | | | | |
| BSI (PL 89-301) approved 10/29/65 Effective 10/14/65 | | | | | | | | |
| | | 23,771 | GS 17 | | | | | |
| 3-19-66 | Promotion | 25,382 | GS 18 | | | | | |

JUL 13 1973
Original Sent to CSC

No. _____

| DATE OF BIRTH | | | DATE | DESIGNATION | OFFICE |
|----------------|-----|------|------|-------------|--------|
| MONTH | DAY | YEAR | | | |
| 8 | 17 | 1913 | | | |
| SEX | | RACE | | | |
| | | | | | |
| RETIREMENT AGE | | | | | |
| | | | | | |

Felt

W.

Mark

(SURNAME)

(FIRST NAME)

(SECOND NAME)

| DATE | FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS | TONTINE DEDUCTIONS | NET FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS | DEPARTMENTS ESTABLISH- MENTS WILL NOT USE THIS COLUMN | BALANCE FORWARD | TOTAL CREDITED TO EMPLOYEE | DATE OF ORIGINAL APPOINTMENT | REMARKS |
|---|--|-----------------------|--|---|--|---------------------------------------|------------------------------|---------------------------|
| Basic Earnings: F.Y. 1936, \$1,050; F.Y. 1937, \$1,800; F.Y. 1938, \$2,185; | | | | | | | | |
| F.Y. 1939, \$2,012.33; F.Y. 1940, \$2,010; F.Y. 1941, \$2,127.50 | | | | | | | | |
| No deductions. Service history certified correct. <i>W. Thompson</i> | | | | | | Financial Clerk, U.S. Senate, 9-20-36 | | |
| Basic compensation for fiscal year 1941 \$ 108.33 | | | | | | | | |
| " | " | " | " | " | 1942 1,480.51 | | | |
| Basic compensation & service history certified correct | | | | | | Assistant Secretary, 4-23-41 | | |
| | 48 26 | 5 00 | 43 26* | | 43 26 | 201 40 | | DEDS BEGAN 1-26-42 |
| JUN 30 1943 | 170 14 | 12 00 | 158 14* | | 43 26 | 201 40 | | |
| JUN 30 1944 | 179 73 | 12 00 | 167 73* | | 201 40 | 369 13 | | b6 |
| JUN 30 1945 | 191 14 | 12 00 | 179 14* | | 369 13 | 548 27 | | b7C |
| DEC 31 1945 | 106 90 | 6 00 | 100 90* | | 548 27 | 649 17 | | |
| DEC 31 1946 | 271 65 | 12 00 | 259 65* | | 649 17 | 908 82 | | |
| | 967.82 | 59.00 | 908.82 | | | | | |
| 12-31-47 | 298.51 | 12.00 | 286.51 | | 908.82 | 1195.40 | | |
| | 1266.40 | 71.00 | 1195.40 | | | 71.00 | | Tontine Added 12-31-47 |
| | | | | | | 1266.40 | | Gross Deductions 12-31-47 |
| SERVICE HISTORY | | | | | FISCAL RECORD | | | |
| EFFECTIVE DATE | ACTION | BASE PAY | REMARKS | CALENDAR YEAR | ACCUMULATIVE TOTAL SALARY DEDUCTIONS | DO NOT USE | REMARKS | |
| 3-20-49 | Per Inc | 6714.00 | CAF 12 | 1948 | 341.75 | 1608.15 | | |
| | | | | 1949 | 399.72 | 2007.87 | | |
| | | 6800 | GS 12 | 1950 | 410.70 | 2418.57 | | |
| | | | | 1951 | 436.16 | 2854.73 | | |
| | | | | 1952 | 499.88 | 3354.61 | | |
| 9-17-50 | Per Step Inc | 7000. | GS 12 | 1953 | 526.81 | 3881.42 | | |
| | | | | 1954 | 513.50 | 4394.92 | | |
| * Retroactive to 7-8-51 | | | | | | | | |
| PSI approved October 24, 1951 same grade | | 7640.00 | GS 12 | | | | | |
| 12-23-51 | Promotion | 8360.00 | GS 13 | | | | | |
| 6/21/53 | Per Step Inc | 8560 | GS 13 | | | | | |

12/2/51

| DATE OF BIRTH | | | LEGAL VOTING RESIDENCE | | |
|----------------|-----|------|--|---|--------------|
| MONTH | DAY | YEAR | STATE AND CONG. DISTRICT | COUNTY | CITY OR TOWN |
| 8 | 17 | 1913 | Idaho 2nd | Twin Falls | Twin Falls |
| SEX | M | RACE | W | MILITARY SERVICE _____ YES _____ NO _____ | |
| RETIREMENT AGE | | | MILITARY PENSION OR WAR RISK COMPENSATION _____ YES _____ NO _____ | | |

[illegible]

Original Sent to CSC-

EDUCATION:

(INDICATE NUMBER OF YEARS)

COMMON SCHOOL

1 2 3 4 5 6 7 8

HIGH SCHOOL

1 2 3 4/

COLLEGE

1 2 3 4 7

DEGREES, IF ANY.

B.A. LLB

SPECIAL QUALIFICATIONS.

APPLICATION FOR RETIREMENT CIVIL SERVICE RETIREMENT SYSTEM

(USE ONLY IF SEPARATED ON OR AFTER
OCTOBER 20, 1969)

To Avoid Delay—1. Read Information Carefully; 2. Complete Application in Full; 3. Rewrite or Print in Ink

A. IDENTIFYING INFORMATION

| | | | | | |
|--|--|------------------------------------|--|--|--|
| 1. NAME (Last) (First) (Middle) Felt W. Mark | | | 2. LIST ALL OTHER NAMES YOU HAVE USED | | |
| 3. ADDRESS (Including ZIP code) 3216 Wynford Drive Fairfax, Virginia 22030 | | | 4. PHONE NUMBER (Including Area Code) 703 573-3216 | 5. DATE OF BIRTH (Month) (Day) (Year) 8 17 1351 | 6. SOCIAL SECURITY ACCOUNT NUMBER 46 0048 |
| 8A. ARE YOU MARRIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | 7A. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 7B. IF "NO", OF WHAT COUNTRY ARE YOU A CITIZEN? | | | | | |
| WIFE'S OR HUSBAND'S NAME (First) (Middle) Audrey Isabelle | | | HER (OR HIS) BIRTH DATE (Month) (Day) (Year) 3 1 15 | HER (OR HIS) SOCIAL SE- CURITY ACCOUNT NUMBER | DATE OF MARRIAGE (Month) (Day) (Year) 6 15 38 |
| | | | PLACE OF MARRIAGE (City) (State) Wash., D.C. | MARRIAGE PERFORMED BY: <input checked="" type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify) | |
| 9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE | | | | | |
| CHILD'S NAME (First) (Middle) (Last) | | DATE OF BIRTH (Mo.) (Day) (Yr.) | | CHILD'S NAME (First) (Middle) (Last) | |
| | | | | | |
| | | | | | |
| | | | | | |

B. CIVILIAN AND MILITARY SERVICE

| | | | | | |
|--|--|--|--|--|---|
| 1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE Federal Bureau of Investigation Washington, D. C. | | 2. DATE OF FINAL SEPARATION (Month) (Day) (Year) 6 22 73 | | 3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 38 1/2 MILITARY | |
| | | 4. TITLE OF LAST POSITION Acting Associate Director | | | |
| 5. DO YOU HAVE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES' HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER ENROLLMENT CODE NUMBER 3203754 442 | |
| 8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE. | | | | | |
| BRANCH OF SERVICE | SERIAL NUMBER | DATE OF ENTRANCE ON ACTIVE DUTY | DATE OF SEPARATION FROM ACTIVE DUTY | LAST GRADE OR RANK | ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.) |
| | | | | | |
| | | | | | |
| | | | | | |
| 9A. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILI- TARY RETIRED PAY? (Retired pay does not include V.A. pen- sion or compensation.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? (Formerly Title III, Public Law 80-810) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

| |
|---|
| 1. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED. |
| |

D. OTHER CLAIM INFORMATION

| | | | |
|---|--|--|--|
| 1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER FROM (Mo.) (Day) (Year) TO (Mo.) (Day) (Year) | |
| 2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT CLAIM NUMBER(S) <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS | |
| 3A. DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 3B. IF "YES" GIVE YOUR ACCOUNT NUMBER B | |
| 4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM 12/7/73 | |

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. ☒ INITIALS ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

☒ All

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

• If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.

• The annuity payable to you during your lifetime will be reduced by 2 1/4% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.

• If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

• The survivor's annuity will not begin until your death.

2. ☐ INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

• If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.

• This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. ☐ INITIALS ANNUITY WITHOUT SURVIVOR BENEFIT

• If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.

• This type provides annuity payments to you only.

2. ☐ INITIALS ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST

SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP

DATE OF BIRTH (Mo., day, yr.)

SOCIAL SECURITY ACCOUNT NUMBER

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

• This type is available to all retiring *unmarried* employees who are in good health.

• It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.

• The survivor's annuity will not begin until your death.

• The survivor's annuity will be 55% of the reduced annuity you receive.

• If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.

• If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

5-18-73

(DATE)

(SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:

☐

INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.

☐

INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____

(DATE)

WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____

NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)

SIGNATURE

b6

b7C

Maurice F. Row

TELEPHONE NUMBER, INCLUDING AREA CODE

202 EX 3-7100 X635

Authorized Certifying Officer

DEPARTMENT OR AGENCY

5-21-73

Federal Bureau of Investigation

OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.

ADDITIONAL INFORMATION

SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

| | | |
|---|---|---|
| 1. NAME OF APPLICANT (Last, First, Middle) FELT, WILLIAM MARK | 2. DATE OF BIRTH (Month, Day, Year) 8-17-13 | 3. SOCIAL SECURITY ACCOUNT NUMBER 511460048 |
|---|---|---|

B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

| | |
|--|---|
| 1. SERVICE COMPUTATION DATE (Month) (Day) (Year) 12-1-35 | 2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

| EFFECTIVE DATE | ACTION | BASE PAY | FEDERAL AGENCY | RETIREMENT SYSTEM (If any) | REMARKS |
|----------------|---------|------------|--------------------------|----------------------------|-----------------------|
| 12-1-35 | A. EXC. | \$1800 p/a | U. S. Senate | | |
| 8-1-37 | INC. | \$2220 p/a | " " | | |
| 1-3-39 | Decr. | \$1800 p/a | " " | | |
| 1-1-40 | INC. | \$2220 p/a | " " | | |
| 6-15-41 | TERM. | | | | |
| 6-16-41 | A. EXC. | \$2600 p/a | Federal Trade Commission | | |
| 1-25-42 | RES. | \$2600 p/a | " " | | |
| 1-26-42 | | | | Civil Service | Ret. deductions began |

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE (If claimed by applicant)

| | |
|--|---|
| 1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT? N/A <input type="checkbox"/> YES <input type="checkbox"/> NO | NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge. |
|--|---|

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER (By prior comparison with official military discharge certificate) FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

| FROM | TO | BRANCH | CHARACTER OF DISCHARGE | TIME LOST, IF ANY |
|------|----|--------|------------------------|-------------------|
| | | | | |

| | |
|---|--|
| 3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY? <input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available. <input type="checkbox"/> No. | 4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? (See FPM Supplement 831-1, Retirement, Subchapter S3-5f.) <input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available. <input type="checkbox"/> No. (Includes cases where waiver unnecessary) |
|---|--|

CSC 1084
May 1971

ALSO COMPLETE AND CERTIFY OTHER SIDE OF THIS FORM

Original Sent to CSU

D. TYPE OF IMMEDIATE RETIREMENT

| | |
|---|--|
| 1. <input type="checkbox"/> AGE | • Enter date that notice of mandatory separation was given to employee _____ (date) |
| 2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary) | • If retirement is under special provision for law enforcement employees, <u>attach</u> agency head's recommendation. |
| 3. <input type="checkbox"/> DISCONTINUED SERVICE | • <u>Attach</u> certified summary of events leading to separation and copies of all relevant documents exchanged with employee. |
| 4. <input type="checkbox"/> DISABILITY | • Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • <u>Attach Duplicate</u> copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • <u>Send Original</u> copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment. |

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

| | |
|---|--|
| 1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions) | |
| <input checked="" type="checkbox"/> YES. Enter following information below: <input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since: <u>2-14-68</u> (Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage) | <input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify) _____ |
| 2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions) | |
| <input checked="" type="checkbox"/> YES. Enter following information: <u>442</u> Enrollment Code Number <u>3203754</u> Carrier Control Number | <input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify) _____ |
| 3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below. | |

PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT

SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement.

LIFE INSURANCE DOCUMENTATION

- ☐ Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status)
NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.

HEALTH BENEFITS DOCUMENTATION

- ☐ Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.

PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE

SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.

LIFE INSURANCE DOCUMENTATION

- ☒ Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.

HEALTH BENEFITS DOCUMENTATION

- ☒ Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.
3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter S22.

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official

Personnel Officer 5-18-73

AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE

FBI 202-324-3887
9th St. & Pa. Ave. N. W.
Washington, D. C. 20535

POWER OF ATTORNEY BY INDIVIDUAL FOR THE COLLECTION OF CHECKS DRAWN ON
THE TREASURER OF THE UNITED STATES

Know all Men by these Presents:

That the undersigned, W. Mark Felt, of
3216 Wynford Drive, Fairfax, Virginia, does hereby appoint Guaranty Bank
(Post-office address)
and Trust Company, of Fairfax Circle, Fairfax, Virginia 22030
(Post-office address)

as his attorney to receive, endorse, and collect checks payable to the order of the undersigned, drawn on the Treasurer of the United States, and to execute in the name and on behalf of the undersigned, all bonds, indemnities, applications, or other documents, which may be required by law or regulation to secure the issuance of substitutes for such checks, and to give full discharge for same, granting to said attorney full power of substitution and revocation, hereby ratifying and confirming all that said attorney, or his substitute, shall lawfully do or cause to be done by virtue hereof.

WITNESS the signature and seal of the undersigned, this 21st day
of May, 1973

W. Mark Felt
(Signature of grantor)

[SEAL]

Personally appeared before me the above-named W. Mark Felt
known or proved to me to be the same person who executed the foregoing instrument, and acknowledged to me that he executed the same as his free act and deed.

WITNESS my signature, official designation, and seal.

[IMPRESS SEAL HERE]

Ann Lee Balassa
(Signature of attesting officer)

Notary Public
(Official designation)

Dated at Washington DC, this 21st day of May, 1973

My commission expires 4-30, 1978

IMPORTANT.—Do not execute this instrument without first reading the instructions on the reverse side hereof. Exact compliance with these instructions will avoid complications.

Office No. _____ Account No. 333580-0 Account Name Andrey R. and W. Mark Felt

INSTRUCTIONS—READ CAREFULLY

1 (a). This general power of attorney may be used for the collection of checks drawn on the Treasurer of the United States in payment of principal or interest on public debt obligations or obligations guaranteed by the United States, tax refunds and payments for goods and services.

1 (b). For all other classes of payments a specific power of attorney (Form 6570) is required; however, a special power of attorney (Form 6711) naming a bank as attorney in fact, limited to a period not to exceed 12 months and reciting that it is not given to carry into effect an assignment of the right to receive the payment, either to the attorney in fact or to any other person, may also be used.

2. If the signature of the grantor is made by mark, it should be witnessed by at least one person who can write besides the acknowledging officer, giving his place of residence in full.

3 (a). This power of attorney should be acknowledged before a notary public or other officer authorized by law to administer oaths generally. If in a foreign country, the acknowledgment should be made before a United States diplomatic or consular representative. If such an officer is not available, it may be acknowledged before a notary or other officer authorized to administer oaths, but his official character and jurisdiction must be certified by a United States diplomatic or consular officer, under the seal of his office.

3 (b). Seals of attesting officers must always be impressed; provided, however, that where acknowledgments before a notary public, or other officer authorized by law to administer oaths, are not thus authenticated by the official impression seal of such officer, the power should be accompanied by a certificate from the proper official showing that the officer was in commission on the date of the acknowledgment. The date when the officer's commission expires should appear in any event. If a certificate is furnished, such certificate should show the dates of the beginning and expiration of the officer's commission, and such period of commission should include the date of acknowledgment of the power.

3 (c). Notwithstanding the foregoing, persons subject to military jurisdiction may acknowledge powers of attorney before officers specially designated for that purpose pursuant to law.

4. This power of attorney is revoked by the death of the grantor and may also be revoked by notice from the grantor to the parties concerned. Notice of revocation to the Treasury will not ordinarily serve to revoke the power.

5. If it is desired that checks be mailed to the attorney instead of to the payee, formal notice of change in the post-office address, identifying the checks affected, should be forwarded to the administrative office which authorized issuance of the checks.

6. POWERS OF ATTORNEY NEED NOT BE FILED WITH THE TREASURER OF THE UNITED STATES.

Original Sent to CSC

12/10/11

UNITED STATES GOVERNMENT

Memorandum

TO : MR. CALLAHAN

DATE: 8/15/73

FROM : W. G. CAMPBELL *WGC*

SUBJECT: REQUEST FOR PUBLIC SOURCE AND
STATISTICAL TYPE INFORMATION BY
FORMER ACTING ASSOCIATE DIRECTOR
W. MARK FELT

Assoc. Dir. ☒
Asst. Dir.: ☒
Admin. ☒
Ident. ☒
Files & Com. ☒
Gen. Inv. ☒
Inspection ☒
Intell. ☒
Laboratory ☒
Plan. & Eval. ☒
Spec. Inv. ☒
Training ☒
Legal Coun. ☒
Cong. & Public Affs. ☒
Rec. Mgmt. ☒
Press Off. ☒
Telephone Rm. ☒
Director Sec'y ☒

In recent weeks, Mr. Felt by telephone calls to his former office has advised that he will conduct a college lecture tour beginning in September, 1973. He has requested that he be provided with the following information:

(1) Number of name check requests the FBI receives each year; (2) number of index cards on file; (3) number of files FBI has; (4) total number of individuals represented by fingerprints in the criminal fingerprint files; (5) total number of individuals represented by fingerprints in the civil fingerprint files; (6) number of name cards FBI has in the Identification Division; (7) specific charges as contained in the formal indictment brought against [redacted] and Anthony Joseph Russo; (8) specific charges as contained in the indictment against [redacted] Philip Berrigan and their codefendants; (9) statutory and executive order citations which are bases for national security investigations conducted by the FBI; and (10) an example without names wherein FBI retention in its files of seemingly innocuous information later resulted in the solution of a case.

With the exception of item 10, all requests fall within the statistical or public source category. With regard to item 10, Mr. Felt had in mind a particular situation dealing with a destruction of aircraft case some years ago. Nonspecific information relating to that case is contained in the enclosure. Mr. Felt has also requested a copy of the latest Uniform Crime Reports annual publication.

Enclosure
WGC:ams
(3) *WGC*

1 - Mr. Campbell
1 - Mr. Mintz

ENCLOSURE

REC-131

276576-4441
10 AUG 27 1973

RECOMMENDATION - CONTINUED OVER

5 AUG 21 1973

CORRESPONDENCE

LEGAL COUNSEL
PERS. REC. UNIT

Memorandum for Mr. Callahan
Re: REQUEST FOR PUBLIC SOURCE AND
STATISTICAL TYPE INFORMATION BY
FORMER ACTING ASSOCIATE DIRECTOR
W. MARK FELT

RECOMMENDATION:

The information requested by Mr. Felt has been compiled and
upon approval will be furnished.

sent 8/17/73
via SA [redacted]
WGL

b6
b7C

This is authorized by the
recent A.G. approval to provide
narrative statements drawn from
our cases where appropriate to
do so. Jmm

Jmm

OK

I recall a case some years ago wherein information was furnished to one of our Texas offices to the effect that a man was going to kill his wife and do it by means of blowing up an airplane that she was on.

Sometime later, maybe a year or two, a plane en route from Chicago to Los Angeles, had an explosive device aboard which detonated but due to a faulty hook-up did not explode with the intensity necessary to disable the plane. The plane subsequently landed. In checking the passenger list we found that the husband of one of the passengers had taken a substantial insurance policy out on her life.

In searching his name through the indices, we discovered that he was identical with the individual about whom we received information concerning his intent to kill his wife by blowing up a plane a year or so before in Texas.

ENCLOSURE

67-276576 - 441

UNITED STATES GOVERNMENT

Memorandum

Assoc. Dir. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

TO : MR. CALLAHAN

DATE: 9/18/73

FROM : W. G. CAMPBELL

SUBJECT: REQUEST FOR PUBLIC SOURCE INFORMATION
BY FORMER ACTING ASSOCIATE DIRECTOR
W. MARK FELT

b6
b7C

Campbell to Callahan memorandum 8/15/73 advised that Mr. Felt planned a college lecture tour beginning in September, 1973, and he requested certain public source/statistical-type information which, upon approval, was furnished to him. Attached letter received 9/17/73 contains a request for a bibliography to assist in his research on the criminal justice system.

The most logical and current source of information of the type Mr. Felt is requesting would be the Report of the National Advisory Commission on Criminal Justice Standards and Goals, in six volumes which, according to an announcement made by an LEAA representative at the recent NCIC Advisory Policy Board meeting, was scheduled to be available to the public through the Government Printing Office on or about 10/1/73. An additional listing of pertinent reference works in this field can be readily prepared by the Uniform Crime Reporting Section with minimum effort. In addition, Mr. Felt can be furnished the address of the Reference Service at LEAA, Washington, where he can submit a request for placement on its mailing list for material of interest in this field.

RECOMMENDATION:

Upon approval, a brief bibliography will be prepared by the Uniform Crime Reporting Section and furnished to Mr. Felt, along with information concerning the mailing list described and the availability of the results of the recent study by the National Advisory Commission on Criminal Justice Standards and Goals.

1- ENCLOSURE

Enclosure

WGC:nls (4)

7 OCT 3 1973
1 - Mr. Campbell
1 - [redacted]

b6
b7C

PERS. REC. UNIT

1 - Office of Legal Counsel
1 - Mr. E. S. Miller
1 - Mr. R. L. Shackelford
1 - [redacted]

b6
b7C

October 23, 1973

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

Dear Mark:

I have received your letter of
October 9, 1973, and thank you for
sending along the information.

Sincerely,

Clarence

1 - 100-449633

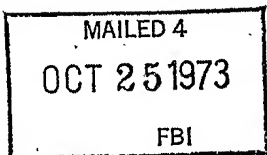
WNP:lm/rsm
(7)

NOTE:

See memorandum R. L. Shackelford to
Mr. E. S. Miller, dated 10/19/73, captioned
"[redacted] Subversive Matter," prepared by
WNP:lm.

b6
b7C

Assoc. Dir. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____



MAIL ROOM ☐

TELETYPE UNIT ☐

WNP/TJS
WNP

W. MARK FELT

9/13/73

Dear

b6
b7C

Here I sit in contemplation of our National Navel, and suddenly I realize that I am not as broadly informed as I would like!

I want to do some research on the Criminal Justice System but I don't know where to start. Perhaps you could turn this over to one of your experts to prepare a bibliography for me.

For both State and Federal Courts, I want to know the numbers of cases going to trial, numbers dismissed, acquitted and convicted. How many of those convicted are placed on probation? What are the average sentences imposed? etc. etc.

I would like to get ahold of some authoritative publications dealing with "plea bargaining," and recidivism. I need similar material on the effectiveness of the penal systems in the United States and as to any viable alternatives which are proposed. Material dealing with the effectiveness of probation systems would be helpful.

I would like to read material on the prison populations, statistics, etc. What are the average length of sentences served?

Whoever you give this to for handling will see the direction in which I want to go and will probably know better than I what questions should be asked and where to look for the answers. Any suggestions will be much appreciated.

Kindest personal regards and many, many thanks.

ENCLOSURE

Sincerely,

Mark

3216 Wynford Drive
Fairfax, Virginia, 22030

22 SEP 25 1973

*Memo Campbell to Callahan
9-18-73 - W/F: rls*

Computer Systems

PERS REC. UNIT

ENCLOSURE

67-276576-442

Sept 17, 1973

b6
b7c

To: THE FBI

DEAR SIR:

Felt, Mark

YESTERDAY SEPT. 18 IN ONE OF OUR
CONCERT-LECTURE SERIES STARTING OFF
THE NEW YEAR WE HAD MARK FELT
THE OLD NUMBER TWO MAN IN THE
FBI. YOU PEOPLE SHOULD FEEL PROUD
AND HONORED TO HAVE HAD A PERSON
OF HIS STATURE ON YOUR SQUAD. HE
FEELS SO STRONGLY ABOUT PUBLIC
OPINION OF THE FBI HE HAS SET OUT
ON HIS OWN TO SET RIGHT THE WRONGS
THAT THE PUBLIC HAS SO ERROROUSLY
BEEN TOLD. I THINK MORE OF THIS
KIND OF THING IS WHAT WE NEED NOT
ONLY IN THE FBI BUT OTHER GOVERNMENT
OFFICES AS WELL. HE IS A GOOD
MAN AND BELIVES IN WHAT HE IS
DOING. PLEASE SEND ME SOME MORE
INFORMATION ABOUT YOUR OFFICE.
I THINK AFTER WHAT MR. FELT SAID
I HAVE MORE CONFIDENCE IN YOUR OFFICE.
KEEP UP THE GOOD WORK AND PLEASE
ANSWER IN YOUR STATIONARY IF POSSIBLE.

REC-63

91-5-85341

YOUR FRIEND, CORRESPONDENCE

ack
9-26-73
INIT. 694

2 OCT 5 1973

b6
b7c

REC. UNIT
REC. UNIT

DUPLICATE PROPERTY RECORD

(This record is to be kept up-to-date)

NAME W. MARK FELT

Bureau Badge with case No. 6765

Commission Card with case No. 78

FBI Handbook No. 4071

Agent's Brief Case X

GTR's No. _____

Inspectors' Manual No. 488

FBI Identification Card No. _____

Credential Card (Non-Agent) No. _____

U. S. Government Operator's

Identification Card No. _____

REMOVED FROM FIELD

PERSONNEL FILE

GT - NOT RECORDED

FIREARMS:

Colt Official Police Revolver No. 658710

Hip Holster and adapter for above X

S & W Military & Police Revolver No. _____

Hip Holster and adapter for above _____

79 OCT 5 1973

VERIFICATIONS

[illegible]

FD-107
(1-1-45)

DUPLICATE PROPERTY RECORD

(This record is to be kept up-to-date and should be maintained
in the field personnel file of the special agent.)

NAME Special Agent W. Mark Felt

OK check as noted

REMOVED FROM FIELD
PERSONNEL FILE
67 - NOT RECORDED

Badge # 6765 ~~4869~~, with case

Commission Card with case, # 3197 ✓

FBI Handbook # 4071 ✓

Tax Exemption Identification Card # J-5652 ✓ Ret'd 1-14-48

Agents Brief Case 1

Zipper Brief Case 1 ✓ Ret'd 8-3-50 (SA [redacted] line) See Disp # 51
8/2/50

G.T.R. Identification Card # _____

~~Key to room 1647~~ turned in, 10/1/48.

~~Supervisors Manual #82~~ No - turned in ✓

~~Inspector's Manual #277~~ Ret'd 5/5/52

FIREARMS:

Official Police Revolver # ~~689675~~ ✓ 924795 645459

Official Police Hip Holster 1 ✓

Grip Adapter 1 ✓

MAY 29 1953 R.A.A.

79 OCT 5 1973
✓ 19

SA W. MARK FELT

Seattle, Washington
October 20, 1949

MEMORANDUM TO ALL AGENTS, No. 113

Re: YOUR EXPERIENCE IN TESTIFYING

Indicate below by a check in the appropriate column whether you have appeared as a witness and testified before the following bodies:

| | <u>Yes</u> | <u>No</u> |
|---------------------------|------------|-----------|
| U. S. DISTRICT COURT | <u>X</u> | — |
| U. S. GRAND JURY | <u>X</u> | — |
| U. S. COMMISSIONER | <u>X</u> | — |
| COURT MARTIAL | <u>X</u> | — |
| STATE COURT | — | — |
| ALIEN ENEMY HEARING BOARD | — | — |
| MOOT COURT | <u>X</u> | — |

Return this immediately upon completion to

b6
b7C

J. B. WILCOX, SAC

REMOVED FROM FIELD
PERSONNEL FILE
67 - NOT RECORDED

W. MARK FELT

TEN:JG

79 OCT 5 1973

79

| | |
|-----------------|--------------|
| SEARCHED..... | INDEXED..... |
| SERIALIZED..... | FILED..... |
| NOV - 5 1949 | |
| FBI - SEATTLE | |

67-2578-44

W. MARK FELT

10/9/73

| | |
|----------------|-------|
| Assoc. Dir. | _____ |
| Asst. Dir.: | _____ |
| Admin. | _____ |
| Comp. Syst. | _____ |
| Ext. Affairs | _____ |
| Files & Com. | _____ |
| Gen. Inv. | _____ |
| Ident. | _____ |
| Inspection | _____ |
| Intell. | _____ |
| Laboratory | _____ |
| Plan. & Eval. | _____ |
| Spec. Inv. | _____ |
| Training | _____ |
| Legal Coun. | _____ |
| Telephone Rm. | _____ |
| Director Sec'y | _____ |

Mr. Clarence M. Kelley, Director
Federal Bureau of Investigation
Washington, D. C.

Dear Clarence,

Last week I appeared on the same platform
with our old friend, [redacted] at the
Platteville Campus of the University of Wisconsin.

[redacted] attacked the Bureau with the
same old hackneyed allegations, most of them lifted
right out of William Turner's book. I think I was
able to successfully counter his presentation.

The reason I am writing this letter is be-
cause of something [redacted] said during the ques-
tion and answer period about [redacted]
claims to be representing [redacted] although he did not
specify in what capacity. He claimed, however, to
have obtained a copy of the FBI file concerning [redacted]
[redacted] He said the file contained results of exten-
sive "surveillance" of [redacted] without any indication of
a possible violation. REC-137

I responded to the audience that I did not
believe [redacted] about the file and that FBI inves-
tigation was cleared with the Department of Justice. 23
However, I did not have an opportunity to consult
with [redacted] privately concerning this matter.

[redacted] can be reached at [redacted]
[redacted] I am for-
warding this information to you for whatever action
you deem appropriate.

Sincerely,

Mark (Felt)

3216 Wynford Drive
Fairfax, Virginia, 22030

b6
b7C

b6
b7C

b6
b7C

b6
b7C

b6
b7C

EXP. PROC.
10-29
10-12-1973
let to Mr. Felt 10/23/73 WNP:lon

FIELD FIREARMS TRAINING RECORD

SPECIAL AGENT

W. MARK FELT

FD-40
3-25-47

| OFFICE | MO. YR. | DA HS | PPC | SG | .30 | MG | GAS | RD | Pistol Pract. | Other Courses | QUALI- FIED |
|---------|------------|----------|---|---------|-----|-------|-----|----|------------------|------------------|---|
| SEATTLE | 7/51 | 100 | 95 | | | 96 | | | | ✓ | |
| " | 8/51 | | <i>Superior's (Applicant) Conference - Wash. D.C.</i> | | | | | | | | |
| " | 9/51 | 100 | 94 | 100 | 93 | 94 | | | | D.T. | Plus Make-Ups 1951 Fiscal Make-Ups |
| " | 9/51 | 100 | 96 | 100 | | 100 | | | | | |
| " | 10/51 | | | | | | | | ✓ | | |
| " | 11/51 | | | | | | | | ✓ | | |
| " | 12/51 | | | | | | | | ✓ | | |
| " | 1/52 | | | | | | | | ✓ | | |
| " | 2/52 | | | | | | | | ✓ | | |
| " | 3/52 | | | | | | | | ✓ | | |
| " | 4/52 | | | | 94 | 98 | | | ✓ | D.T. | |
| " | 5/52 | | | | | | | | | | Special in S.F. |
| " | 6/52 | 84/86 | 97/98 | 100 | | 100 | | | | | make-up shot during Police School Inspection |
| " | 7/52 | 100 | 95 | | | 90 | | | | | |
| " | 8/52 | | | | | | | | | | A.L. |
| " | 9/52 | 100 | 100 | | | 94 | | | | ✓ | |
| " | 12/52 | | | | | | | | | | |
| " | 2/53 | | | | | | | | | | |
| " | 4/53 | | | | | | | | | | |
| " | 6/53 | | | | | | | | | | |
| " | 7/53 | | | | | | | | | | S.L. |
| " | 9/53 | 96/94 | 92/92 | 100/100 | | 98 | | ✓ | | ✓ | |
| " | 10/53 | 96 | 98 | | 85 | 98/96 | | | | | |
| " | 11/53 | | | | | | | | | | |
| " | 12/53 | | | | | | | | | | |

REMOVED FROM FIELD
PERSONNEL FILE
NOT RECORDED

79 OCT 5 1973

W. MARK FELT

270

SEARCHED..... INDEXED.....

SERIALIZED..... FILED.....

OCT 28 1954

FBI - SEATTLE

67-2578-106



DIESEL OIL SALES CO.

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HEATING EQUIPMENT
OIL BURNER SERVICE

2155 NORTHLAKE AVENUE

SEATTLE 3, WASHINGTON

MELROSE 0366

BRANCHES
BAINBRIDGE ISLAND
SNOQUALMIE
KIRKLAND
EDMONDS
RENTON
BELLEVUE

Mr. Mark Gelt

Renton, Washington
April 2, 1954

Dear Mark,

This is just a brief letter to let you know how much we appreciated not only your acting as judge at our recent court of honor but especially for the spirit in which you participated.

As you probably noticed there was much to be desired in our planning as it was Renton's first attempt in several years: The judge not only covered these spots but was several jumps ahead of the rest of the court officers. They are still trying to figure out how you got such a good grasp of the problems so fast.

To me the most important thing was that each boy went home with a feeling of real importance, both with himself and in his accomplishments. From your standpoint I think the boys received a valuable lesson in that the title F.B.I. stands for men like you and is not just an intangible name.

Thank you again for the fine job and thanks also to Mr. Aurback for his interest.

Sincerely,

b6
b7C



FROM FIELD
PERSONNEL FILE
67 - NOT RECORDED

felt pers. file
67-2578-1106

| | |
|-----------------|--------------|
| SEARCHED..... | INDEXED..... |
| SERIALIZED..... | FILED..... |
| APR 5 - 1954 | |
| FBI - SEATTLE | |

1c

79 OCT. 5 1973

Pin for 15 Years In Scout Work

Three Star badge awards and a presentation to an adult scout-er featured a district Court of Honor held in Legion Hall with Renton Boy Scouts as hosts.

Winning Star awards were Carl Humphrey, Alvin Anderson and John Charbonneau, while Dan Hallock, vice chairman of leadership training received the adult honor for 15 years' service.

Guests for the evening included Mark Felt, an FBI agent, serving as judge of the court, while Blaine Kuhn, field executive, explained duties of district officers, and Don Hall, field executive, handled introductions.

Thirty-one boys received advancements during the ceremonies, receiving Second Class, First Class, Star badges, merit awards, and ordinary seaman ranks in the explorer post.

Other participants in the ceremony include Clyde Minnich, district chairman of leadership training; Robert Moffet, district chairman; Bill Wright, Bert Scutcliffe, Nate Masley, Dick Seemer, Brian Longfellow and Donald Hall.

Clipping from "The
Renton Chronicle",
Renton, Washington,
4/1/54

67-2518-1100

| | |
|-----------------|--------------|
| SEARCHED..... | INDEXED..... |
| SERIALIZED..... | FILED..... |
| APR 5 1954 | |
| FBI - SEATTLE | |



District Court Gives Badges To Boy Scouts



SCOUTING—Carl Humphrey, Alvin Anderson and John Charbonneau, left to right, receive their Star badge from Erwin Longfellow, while below, Mark Fett, right, pins 15-year service pin on Scouter Dan Hallock.
—Marier Studio Photos-Chronicle Engraving.

Clipping from "The Renton Chronicle" Renton, Washington, 4/1/54

67-2518-140

| | |
|-----------------|--------------|
| SEARCHED..... | INDEXED..... |
| SERIALIZED..... | FILED..... |
| APR 5 1954 | |
| FBI - SEATTLE | |

FIELD WEAPONS TRAINING RECORD

SPECIAL AGENT

W. MARK FELT

9/20/54

FD-40
3-25-47

| OFFICE | MO. YR. | DA HS | PPC | SG | .30 | MG | GAS | RD | Pistol Pract. | Other Course | QUALI- FIED |
|-------------|------------|----------|----------|------------|--------------|-------|--------------------|---------|------------------|-----------------|--------------------------------------|
| SEATTLE | 1/54 | | | | | | | | 266 | | |
| " | 2/54 | | | | | | | | 266 | | |
| " | 3/54 | | | | | | | | 254 | | |
| " | 4/54 | 96 | 98 | | | 94 | | | | | ✓ |
| " | 7/54 | 98 | 96 | | 86 | 80 | | | | | In-Service |
| S. O. G. | 10/54 | 94 | 95 | 100 | | 96 | | | | | |
| New Orleans | 12/54 | | | | | | | | | | |
| " | 1/55 | | | | | | | | | | |
| " | 5/55 | 100 | 99 | ✓ | | 98 | | | D. B. T. A. | | Restrain. Devices |
| " | 5/55 | 100 | 90 | 100 | | 100 | (making for April) | | ✓ | Body Armor | |
| " | 6/55 | | | | | | | | ✓ | 3.0 Round | |
| " | 11/55 | 94/100 | 94/100 | 90/90 | dry fire | 96/70 | | | ✓ | | Low mask |
| " | 11/55 | 98 | 89 | ✓ | (making for) | | | | | | REMOVED FROM FIELD PERSONNEL FILE |
| Los Angeles | 3/56 | Fired | 3 rounds | | | | | | | | 67 - NOT RECORDED |
| In service | 5/56 | 100 | 93 | ✓ | 78 | 94 | | | | | |
| | 6/56 | 100 | 98 | #30 90 | | 98 | | ✓ | | | D.I. Blackjack |
| | | 98 | 89 | #1 100% | | 94 | ✓ | | | | Wet Marks |
| Make up | 8/56 | 98 | 92 | #2 70% | | 96 | | ✓ | | | |
| | 10/56 | 98 | 94 | 100 | | 98 | ✓ | | ✓ | K.S. ✓ | |
| | 12/56 | | | | | | | | 260 | | |
| | 1/57 | | | | | | | | | | 250 |
| | 2/57 | | | | | | | | | | 260 |
| | 4/57 | 98 | 96 | 100 | ✓ | 100 | | DT ✓ | DA ✓ | | |
| | 6/57 | 96 | 94 | 18 | | 98 | | | | | Restrain Devices |
| | 8/57 | 98 | 95 | 19 | | 100 | ✓ | | | | |

SEARCHED INDEXED
SERIALIZED FILED
JAN 2 1958
FBI SALT LAKE CITY

79 OCT 5 1973

FELT, W. MARK

FIELD FIREARMS TRAINING RECORD

SPECIAL AGENT

W. MARK FELT

FD-40
3-25-47

| OFFICE | MO. YR. | DA HS | PPC | SG | Dry Fire pos. 30 | MG | GAS | RD | D.T. | Pistol Practice | QUAL- IFIED | B.A. |
|----------------|------------|------------------|------------------|-----------|---------------------|----|-----|--------------------|------|--------------------|----------------|-----------------|
| SALT LAKE CITY | 10/57 | 96 | 95 | 100 | | 98 | ✓ | | ✓ | | | |
| | 11/57 | | | | | | | | | 270 | | |
| | 12/57 | | | | | | | | | 261 | | |
| KANSAS CITY | 3/58 | | | | | | | Indoor | | | | |
| | 5/58 | 98 | 97 | 10 | ✓ | 96 | ✓ | | ✓ | | | |
| | 6/58 | 92 | 94 | 14 | | 90 | | | ✓ | | | |
| | 9/58 | 92 | 94 | 10 | | 92 | | | ✓ | | | |
| | 10/58 | 96 | 96 | 15 | | 98 | | | ✓ | | ✓ | |
| | 11/58 | | | | | | | Indoor | | | | |
| | 12/58 | | | | | | | | | | | |
| | 1/59 | | | | | | | | | | | |
| | 2/59 | | | | | | | | | | | |
| | 5/59 | 96 | 96 | #3 10 | ✓ | | ✓ | | | | | |
| | 9/59 | 96 ⁹⁸ | 94 ⁹⁶ | 100 | ✓ | | | Makeup | | | | |
| | 10/59 | 96 | 94 | 12 | 90 ⁹² | | | | | | | |
| | 11/59 | | | | ✓ | | | Makeup 12-7-59 | | | | |
| | 12/59 | | | | ✓ | | | REMOVED FROM FIELD | | | | |
| | 1/60 | | | | | | | PERSONNEL FILE | | | | |
| | 2/60 | | | | | | | NOT RECORDED | | | | |
| | 3/60 | | | | | | | 267 | | | | |
| In-Service | 5/60 | 100 | 98 | 17/25 | 95 | 98 | | | | | | (For June 1960) |
| | 5/60 | 98 | 98 | #3 100 | | | | | ✓ | | | |
| | 9/60 | 100 | 98.8 | 100 | | | | | ✓ | | | |
| | 11/60 | 98 | 97 | 16 | | | | | ✓ | | | |
| | 11/60 | 266 | Indoor | | | | | | ✓ | | | |

SEARCHED
SERIALIZED
JAN 9 1961
FBI - KANSAS CITY

79 OCT 5 1973

Felt

Special Agent

FELT, W. Mark

(Current thru 1st ID Shoot - 1964)

[illegible]

F B I

Date: 10/12/73 *all*Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

| | |
|----------------|--|
| Assoc. Dir. | |
| Asst. Dir.: | |
| Admin. | |
| Comp. Sys. | |
| Ext. Affairs | |
| Files & Com. | |
| Gen. Inv. | |
| Ident. | |
| Inspection | |
| Intell. | |
| Laboratory | |
| Plan. & Eval. | |
| Spec. Inv. | |
| Training | |
| Legal Coun. | |
| Telephone Rm. | |
| Director Sec'y | |

TO: DIRECTOR, FBI

FROM: SAC, NEWARK

SUBJECT: W. MARK FELT
FORMER ACTING ASSOCIATE DIRECTOR, FBI
SPEECH, RUTGERS UNIVERSITY, CAMDEN, N.J.,
10/10/73

Enclosed are original and one copy of article appearing in the "Courier Post" newspaper, Camden, N. J., issue of 10/11/73, captioned "Ex-Hoover Aide Says 'White House Meddled With FBI'" setting forth details of speech made by W. MARK FELT, former Acting Associate Director.

[redacted] Rutgers University, Camden, N. J., advised [redacted] 10/12/73 that Mr. FELT appeared at the main auditorium of Rutgers University, Camden, on 10/10/73. He related there were only twelve people in attendance and among the remarks made by Mr. FELT were that he could have been Director of the FBI if he had played the game. According to [redacted] Mr. FELT stated he is touring the United States, plans to write a book, and contemplates unspecified teaching position.

This is being supplied for information.

2 - Bureau
1 - Newark
JWL:PMS
(3)

REC-51

67-276576-443X

Searched _____ Numbered _____

7 OCT 15 1974

Approved: _____ Sent _____ M Per _____
Special Agent in Charge

(Mount Clipping in Space Below)

Ex-Hoover Aide Says

'White House Meddled

With FBI'

By MIKE WOLK
Courier-Post Staff

The former second-in-command of the FBI last night said he quit the bureau after 31 years because "there was too much interference from the White House" after the death of director J. Edgar Hoover.

W. Mark Felt, who was FBI acting associate director when he retired in June, was in Camden to address Rutgers University students. One example of that interference this year, Felt said, took place at the American Indian uprising at Wounded Knee, S.D.

"It had always been FBI policy not to fire unless in self-defense or in protecting a third party," Felt said. But a Justice Department directive gave FBI agents permission to fire when fired at and to "fire to wound" at the Wounded Knee site.

He said the directive resulted in a duel at night between federal agents and Indians in which 20,000 rounds were fired, with the combatants at a distance of 1,500 feet "and no one knew who they were shooting at."

Felt, 60, advocated establishment of a congressional watchdog panel composed of six legislators who could question bureau policies at any time.

Clear Air

That system, he said, "would clear up some of the misconceptions the public has about the FBI and its policy because the men on the panel would be asking questions from people who voted for them."

"There have been charges in the FBI and there will be others," Felt said, "but I stand behind the basic policy we had under J. Edgar Hoover. He was a strong director and no one could push him."

Under the congressional watchdog system, he said, any question on FBI policy "would be laid out on the table and a decision would be made between the FBI director and the committee members."

"That type of political control would be better than political control from the White House," Felt added.

"The FBI is an arm of the Justice Department. The Justice Department is under the Attorney General. The Attorney General is appointed by the President," said Felt. "No matter who the Attorney General is, he will usually try to please the President with his policies."

College Tour

Felt said he is midway through a speaking tour at colleges "to clear up some of the misconceptions the public, especially students, have about the FBI."

He answered students' questions for more than an hour and called the Watergate situation "the worst abuse of the government I've ever heard of."

Much of the questioning centered on FBI investigations and the files on political organizations, and other individuals ranging from students to congressmen.

Felt asserted that during the late 1960s, "especially after the Democratic convention in Chicago, there was some overreaction from the

Justice Department "regarding student groups and radicals."

He said Justice Department officials felt there was a genuine threat to national security from left wing, political groups.

"The job of the FBI is to prevent the Capitol from being bombed, to prevent the crime from happening instead of investigating it after it happens," Felt said.

Defends Snooping

Surveillance, he added, "was necessary to do this."

He said that investigations and the keeping of dossiers on individuals has subsided in recent years. He defended the policy.

Felt said the FBI has more than 6 million dossiers on file and they shouldn't be destroyed because "they often help solve a crime years after an initial investigation is made."

He said Sen. George S. McGovern was investigated by the FBI in 1963 when then-President John F. Kennedy was considering McGovern for a federal post.

The FBI routinely investigates all individuals who are appointed to cabinet posts "as soon as the appointments are made," he explained.

"There are many reasons

(Indicate page, name of newspaper, city and state.)

Page 33

Courier Post
Camden, N.J.

Date: 10-11-73

Edition: Home

Author:

Editor: Thomas P. Flynn Jr

Title:

Character:

or

Classification:

Submitting Office: Newark, NJ

☐ Being Investigated

ENCLOSURE

for making an investigation and keeping a dossier," he said.

Felt added that a President or vice president's background is never investigated by the FBI.

He told one student "there are probably informants on this campus because we don't consider the college community any different from any other community."

Usually, he said, the informants are useful in providing information for background checks on individuals from the college who apply for government jobs.

He denied allegations that Robert Hardy, identified as the FBI informer in the Camden 28 draft records case, had supplied the conspirators with the money and materials needed to enact their plot.

And he denied Hardy's assertion that "someone from the Western White House" had instructed agents in Camden to allow the Camden 28 to carry out their acts instead of stopping them as Hardy had charged in a publicized statement.

"All agents are responsible for their informants and the actions of these people," Felt said.

Felt said the FBI couldn't attack organized crime "until about 10 years ago," when federal bills against gambling and extortion were passed.

He said there are now more than 3,000 organized crime cases "that haven't yet reached the courts because of the backlog," and estimated it will take about four years to resolve them.



ITT Sheraton Corporation of America

CREDIT CARD DEPARTMENT

*Rec'd PAU
11-12-73*

SUBJECT:

W MARK FELT
3216 WYNFORD DR
FAIRFAX, VA

BUS, LECTURER

NOV 6 1973

PREVIOUS EMPLOYEE

F B I
PA AVE AT 9TH ST N W
WASHINGTON, D C

The credit information requested herein will be used only for purposes permitted by Section 604 of the Fair Credit Reporting Act.

REC-1375 67-216516-444

Gentlemen:

The above employee of your firm has applied for a Sheraton Credit Card. Kindly supply us with only the information requested below, since the amount of credit may be substantial. We understand that any information given is in strict confidence and without liability on the part of the company or its officers to Sheraton.

For your convenience this card may be folded, sealed, and mailed with no postage necessary. Thank you for your cooperation

ITT SHERATON CORP. OF AMERICA
CREDIT CARD DEPARTMENT

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(State "Present" if still employed)

POSITION: _____

REMARKS: _____

EXPENSE ACCOUNT: ☐ Yes ☐ No

Prepared by _____ Title _____

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\$500.00 to \$600.00 ☐

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Over \$900.00 ☐

3/2h

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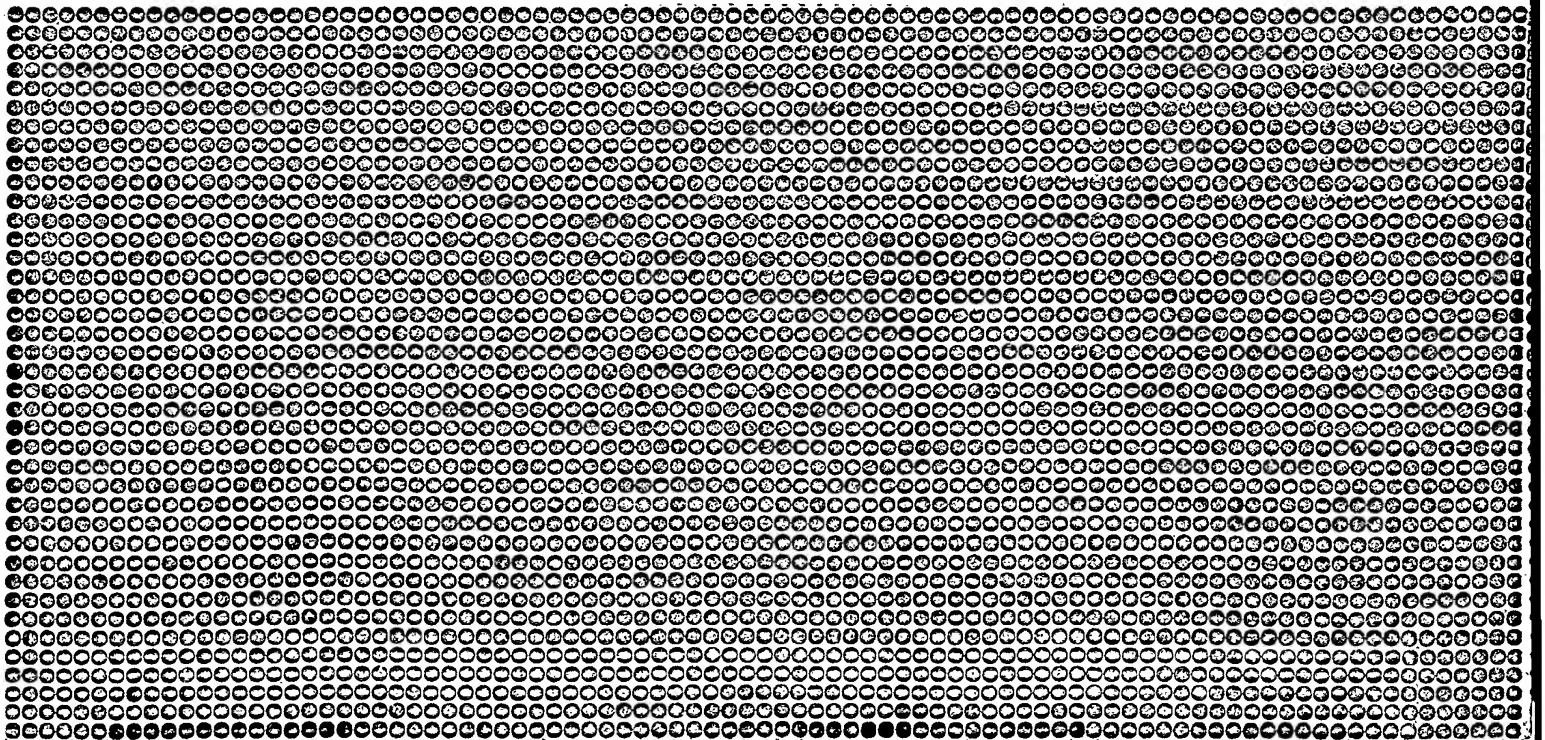
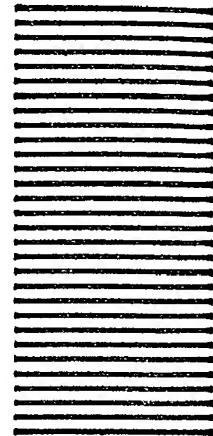
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BOSTON, MASS.

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& MOTOR INNS**

**P.O. BOX 1044
BOSTON, MASS. 02103**

CREDIT CARD DEPARTMENT



UNITED STATES GOVERNMENT

Memorandum

TO : Mr. F. S. Putman, Jr.

b6
b7C

1 - Mr. R. E. Gebhardt
1 - Mr. E. W. Walsh
1 - Mr. E. S. Miller
1 - [redacted]

DATE: 10/29/73

Assoc. Dir. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

FROM : [redacted]

SUBJECT: REQUEST BY SPECIAL PROSECUTION FORCE
FOR ADDRESS AND TELEPHONE NUMBER OF
FORMER ASSOCIATE DIRECTOR W. MARK FELT

On 10/29/73, [redacted] of the Special Prosecution Force (SPF) telephonically contacted SA [redacted] Intelligence Division, and requested he be furnished the current residence and telephone number for former Associate Director, W. Mark Felt.

After checking with SA T. J. Feeney, Jr., Number One Man, Administrative Division, SA [redacted] telephonically advised [redacted] that Mr. Felt's last known address was 3216 Wynford Drive, Fairfax, Virginia 22030, telephone number 573-3216.

ACTION:

None. For record purposes.

62-115631

JRH:prd prd
(5)

REC-45

EX-117
MCT-45

1 NOV 2 1973

REC. REC. UNIT

7 NOV 15 1973

November 29, 1973

Mr. Kelley:

W. Mark Felt

[redacted]
[redacted] which was favorable to the Bureau. [redacted]
has for many years been a good friend of the FBI's.

b6
b7C
b7D

Today [redacted] called to tell me that Mrs. Mark Felt had called her early yesterday morning and upon learning that [redacted] spoke at great length with [redacted] [redacted] took numerous notes and described Mrs. Felt as voluble to the extent that it was almost a tirade. [redacted]

b6
b7C
b7D

In summary Mrs. Felt alleged that her husband had actually run the FBI for many years and was responsible for all the things Mr. Hoover received credit for. She claimed that Mr. Felt had been treated badly, that he was the most knowledgeable person about the administration of the FBI and that he should have been named FBI Director. She claimed the reason he retired was because he had not been named Director. She left a message for [redacted] to recontact her which was done [redacted].

b6
b7C
b7D

[redacted] said that [redacted] Mrs. Felt was completely different. [redacted] also said that at the time of this second contact Mr. Felt was at home although she did not know for certain that he was there during the earlier call. Mrs. Felt did reiterate that Mr. Felt had been badly treated and should be the Director of the FBI and asked ~~that~~ if [redacted]

b6
b7C
b7D

[redacted]

[redacted]

b6
b7C
b7D

[redacted] wanted us to know of this mainly because of the nature of the earlier call as it was described to her. [redacted]

b6
b7C
b7D

1 [redacted]

b6
b7C

7 DEC 4 1973

REC 151 101-276576-445

File
rm

(Mount Clipping in Space Below)

Retired official says:**'C-T expose gave
FBI headaches'****W. MARK FELT**

OBERLIN — The FBI has had its share of headaches since The Chronicle-Telegram discovered last year that the bureau maintained files on Congressional candidates, according to the organization's former No. 3 man.

The FBI dropped a 22-year-old secret practice of accumulating information on Congressmen and candidates for federal office after The C-T reported an investigation by an Elyria FBI agent into the background of John Michael Ryan, Democratic candidate for Congress.

L. PATRICK GRAY, then acting FBI director, announced an immediate halt to the practice days later.

Gray admitted that FBI investigations of Congressmen and candidates had gone on in the bureau.

The news stories which quickly resulted in Gray ending the bureau's policy were called "tempest in a teapot", by W. Mark Felt, retired associate FBI director of the FBI.

"IT'S BEEN A TERRIBLE HEADACHE"

for the FBI — every Congressman wants to see his file," remarked Felt, 60, who retired from the number two spot in the bureau last June after 32 years of service.

"For a number of years, the FBI tried to compile data on Congress like any business which has to know about the people it will have to deal with," Felt told a small group of Oberlin College students in the Oberlin Inn.

"It's a good, sound management practice," he added.

BUT WHEN ASKED what he meant by "dealing with people in Congress," Felt replied there was no special consideration given to any Congressman's requests based upon the contents of his FBI file.

"There was no investigation of Congressmen. We just ended the policy of asking our agents what they knew about Congressmen in their area. No contacts were supposed to be made and the Elyria agent who called the newspaper (The C-T) was completely off-base when he asked for information," Felt said.

(Indicate page, name of newspaper, city and state.)

Page 1

CHRONICLE-TELEGRAM

Elyria, Ohio 44035

Date: 10-25-73

Edition:

Author:

Editor:

Title:

Character:

or

Classification:

Submitting Office: Cleveland

☐ Being Investigated

File
W. Mark Felt

*Federal Bureau of Investigation
Office of Associate Director*

11/10, 1973

| | |
|--|---|
| <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Mrs. Metcalf, 5633 |
| <input type="checkbox"/> Mr. Callahan, 5744 | <input type="checkbox"/> Telephone Room |
| <input type="checkbox"/> Mr. Baker, 5734 | |
| <input type="checkbox"/> Mr. Campbell, 3114 IB | |
| <input type="checkbox"/> Mr. Cleveland, 1742 | <input type="checkbox"/> Mr. Bowers, 1732 |
| <input type="checkbox"/> Mr. Franck, 5634 | <input type="checkbox"/> Mr. Heim, 4264 |
| <input type="checkbox"/> Mr. Gebhardt, 5706 | <input type="checkbox"/> Mr. Herington, 5634 |
| <input type="checkbox"/> Mr. Jacobson, 5256 | <input type="checkbox"/> Mr. Malmfeldt, 4718 |
| <input type="checkbox"/> Mr. Jenkins | |
| <input type="checkbox"/> Mr. Marshall, 7746 | |
| <input type="checkbox"/> Mr. Miller, 1026 9&D | |
| <input type="checkbox"/> Mr. Thompson, 4130 IB | <input type="checkbox"/> Corres. Review, 5533 |
| <input type="checkbox"/> Mr. Walsh, 5525 | <input type="checkbox"/> Mail Room, 5531 |
| <input type="checkbox"/> Mr. White, 7621 | <input type="checkbox"/> Teletype |
| | <input type="checkbox"/> Personnel Records |
| <input type="checkbox"/> Mr. Bassett | <input type="checkbox"/> Mechanical Section |
| <input type="checkbox"/> Mr. Mintz | |
| | <input type="checkbox"/> For Appropriate Action |
| <input type="checkbox"/> Miss Tietgen | <input type="checkbox"/> For Your Approval |
| <input type="checkbox"/> Mrs. Mutter | <input type="checkbox"/> Initial and Return |
| <input type="checkbox"/> Miss Downing | <input type="checkbox"/> Please Call Me |
| <input type="checkbox"/> Miss Southers | <input checked="" type="checkbox"/> For Information |
| | <input type="checkbox"/> Per Conversation |
| <input type="checkbox"/> M _____ | |

Room _____

N. P. Callahan
Room 5744, Ext. 3315

| | |
|----------------|---|
| Spec. Dir. | ✓ |
| Asst. Dir.: | |
| Admin. | |
| Comp. Syst. | |
| Ext. Aff. | ✓ |
| Files & Com. | |
| Gen. Inv. | |
| Ident. | |
| Inspection | |
| Intell. | ✓ |
| Laboratory | |
| Plan. & Eval. | |
| Spec. Inv. | |
| Training | |
| Legal Coun. | ✓ |
| Telephone Rm. | |
| Director Sec'y | |

NOV 7 3 14 AM '73

RECEIVED DIRECTOR
B. I.

NOV 8 5 15 PM '73

(Mount Clipping in Space Below)

Ex-official put under wants FBI Senate control

By ROB MODIC

OBERLIN — A former FBI associate director advocates removing control of the bureau from the Justice Department and making it an independent agency of the Senate Judiciary Committee.

W. Mark Felt, who was the number three man in the bureau for a year under J. Edgar Hoover, spoke on the future of the Federal Bureau Investigation to a small group of Oberlin College students yesterday.

Felt was scheduled to speak in Finney Chapel today at noon and to answer questions at 3:30 p.m. in the King Building.

FELT SAID moving the FBI from Justice Department control "should remove it from politics farther than it is now."

"A Senate overview committee should constantly review the policies of the agency and question the director about specific group and surveillance policies," he said.

The retired FBI official said he advised Clarence Kelly, present director, to initiate this procedure during Kelly's confirmation

tion of secret dossiers "to put the facts on the table and show that this is not true."

Regarding the extent of FBI bugging and wire tapping, Felt said there were never more than 20 to 25 cases at one time but that the number of different taps ranges up to 200 or more a year.

"IF THE WIRETAPPING is used illegally, you taint the case and it will be thrown out of court. Actually, I'm surprised that more lawyers don't use this in their defense," he said.

hearing before the Senate.

WHILE HE WAS number three man before Hoover died, his policy decisions were always backed by the longtime director, Felt said.

"But after Hoover died, I kept getting overruled by L. Patrick Gray and William D. Ruckelshaus (Both acting FBI directors after Hoover's death). They were both team players with the President, but they have since realized that they should take more independent positions."

Felt said "I have more knowledge about the FBI than anybody in the world. That's why I'm making a tour of colleges to give students exposure to another point view."

AFTER HOOVER died, Felt said, he was actually in charge of operations of the FBI while his superiors Gray and Ruckelshaus made only minor policy decisions.

In his speech in Finney Chapel today, Felt said he would defend critical charges against the FBI alleging factualism within the bureau, the senility of former director Hoover, indiscriminant FBI wire tapping and the compila-

The number of wire taps is limited by the number of agents in the FBI, 8,700, Felt said.

"It takes ten or more agents to conduct the mechanics of a wire tap.

"WIRE AUTHORIZATIONS move from the agents on the case through a chain of command and finally to the FBI director and attorney general before court approval is obtained or a national security matter is determined where the court approval is not necessary." This may take from 14 days to less than an hour to complete, he said.

(Indicate page, name of newspaper, city and state.)

Page F-1

CHRONICLE-TELEGRAM

Elyria, Ohio 44035

Date: 10-25-73

Edition:

Author: BOB MODIC

Editor:

Title:

Character:

or

Classification:

Submitting Office: Cleveland

☐ Being Investigated

WIRE AUTHORIZATIONS

File

November 13, 1973

Sheraton Hotels and Motor
Inns
P. O. Box 1044
Boston, Massachusetts 02103

Attention: Credit Card Department

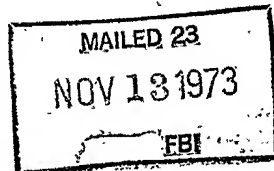
Gentlemen:

RE: MR. W. MARK FELT

Receipt is acknowledged of your inquiry which
was received in this Bureau November 12, 1973.

☐ Captioned employee entered on duty in the Federal
Bureau of Investigation on
and is presently performing duties,
receiving salary of \$ per annum. Positions
in this Bureau are of a permanent nature contingent upon
the satisfactory performance of assigned duties. Date of
birth in our records is indicated as

☒ Captioned individual was employed in the Federal
Bureau of Investigation performing investigative duties
from January 26, 1942, to June 22, 1973, when he
retired,
at which time salary was \$ 36,000 per annum. Date of
birth in our records is indicated as August 17, 1913, and
his Social Security number as 511-46-0048.



Very truly yours,

Clarence M. Kelley
Director

MAIL ROOM ☒

TELETYPE UNIT ☐

W. MARK FELT

12/3/73

| | |
|------------------|-------|
| Assoc. Dir. | _____ |
| Asst. Dir.: | _____ |
| Admin. | _____ |
| Comp. Syst. | _____ |
| Ext. Affairs | _____ |
| Files & Com. | _____ |
| Gen. Inv. | _____ |
| Ident. | _____ |
| Inspection | _____ |
| Intell. | _____ |
| Laboratory | _____ |
| Plan. & Eval. | _____ |
| Spec. Inv. | _____ |
| Training | _____ |
| Legal Coun. | _____ |
| Telephone Rm. | _____ |
| Director's Sec'y | _____ |

Dear Clarence,

It's been quite a year, hasn't it?
And you haven't seen it all yet!

But as the year comes to a close it is time to think of old friends and that is what this letter is all about.

Audrey and I are having open house on Saturday, December 22nd, from 7:00 P.M. until - who knows? We are inviting mainly friends and neighbors. There would be a few past and present members of your fine organization whom you would know.

We realize your situation and the chances are that you will be in Kansas City on that date. Nevertheless we want to invite you and [] or you alone should you find it necessary to be in Washington without her on that weekend. We would love to have you. There is no need to let us know. Come if you can and if you can't, we will understand.

b6
b7C

The lectures seem to be going well. I have had fifteen so far and I enjoy doing them. I have one tomorrow and then none till the middle of February. I'll send you a summary of what I am learning.

REC-137

157-276576-496

With kindest personal regards,

Sincerely,

5 JAN 9 1974

18 DEC 20 1973

Mark (Felt)

W. M. FELT
3216 WYNFORD DRIVE
FAIRFAX, VA.
22030

b6
b7C

Copy made for Tele. Rm.

12/4/73

EX-100

DEC 3 1973

12/1/73

ack 12-13-73
C. M. Klein

COPY

UNITED STATES GOVERNMENT

Memorandum

Assoc. Dir. ☒
Asst. Dir.: ☒
Admin. ☒
Comp. Syst. ☒
Ext. Affairs ☒
Files & Com. ☒
Gen. Inv. ☒
Ident. ☒
Inspection ☒
Intell. ☒
Laboratory ☒
Plan. & Eval. ☒
Spec. Inv. ☒
Training ☒
Legal Coun. ☒
Telephone Rm. ☒
Director Sec'y ☒

TO : MR. CALLAHAN

DATE: 12/28/73

FROM : *WGC* W. G. CAMPBELL

SUBJECT: W. MARK FELT
FORMER ACTING ASSOCIATE DIRECTOR
APPOINTMENT AS CONSULTANT TO
COMPUTER SCIENCE CORPORATION
FAIRFAX COUNTY, VIRGINIA

Mr. Felt telephoned me on 12/27/73, to advise that he has accepted an appointment as parttime consultant for captioned corporation. His function will be in the role of a law enforcement advisor to counsel the firm with regard to assisting law enforcement entities in making grant application to LEAA. Mr. Felt said that certain executives in the company are somewhat exercised over their lack of success in obtaining any contracts in the law enforcement field for projects being funded by LEAA. He specifically mentioned the National Telecommunications requirement study contract which was awarded the Jet Propulsion Laboratories, Pasadena, California, and said his company is puzzled as to why that study was not the subject of a bid solicitation. I suggested that if his firm has some question with regard to any of LEAA's funding activities or procedures with regard to solicitation of bids and awarding of contracts that direct contact be made with LEAA. I reminded him that basic information concerning their activities in this field would likely be available for review as public documents. I also mentioned that it would not be a tenable position for the FBI to become involved in any sort of go-between activities involving a private computer firm and the LEAA.

He expressed understanding of this position and said he guessed what he was really seeking was guidance as to where helpful information on these topics of interest that is available to the commercial public can be located.

This new venture on the part of Mr. Felt can create a potentially awkward situation. Within the bounds of Bureau regulations and general business ethics it would be highly improper to grant him a favored status and within these

- 1 - Mr. Callahan
- 1 - Mr. Mintz
- 1 - Mr. Campbell

REC-138

| | |
|-------------------|-------------------|
| 67-276576-447 | |
| Searched <u>7</u> | Numbered <u>7</u> |
| 7 JAN 17 1974 | |

WGC:mb (4)

8 JAN 17 1974

CONTINUED - OVER

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an

Memo to Mr. Callahan
Re: W. Mark Felt

same bounds there is little if any information that can be furnished him of the type he is apparently seeking. I have attempted to convey this concept to him, however, he advised that he will be in touch either with your office or with the Director's office for an appointment.

RECOMMENDATION: That the Associate Director receive Mr. Felt and reiterate the inability of the FBI to be of assistance to him in connection with his consultant activities because of the constraints imposed by Bureau regulations and ethical standards.

A handwritten signature, possibly reading "J. Edgar Hoover", in dark ink.Handwritten initials, possibly "KJ", in dark ink.

5
DEC-137

December 13, 1973

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

Dear Mark:

I appreciate your invitation to be with you and Audrey December 22, 1973, but I will be in Kansas City as of December 20 and do not plan to return until after the Holidays. [] returned to Kansas City yesterday and will also remain there until well into January, 1974.

It is pleasant to hear that you are busily engaged in making speeches and lectures, and I hope that you are enjoying this.

I would like to take this opportunity to wish you and Audrey a most pleasant Holiday Season.

Sincerely,

151 Clarence

CMK:EDM (3)

Assoc. Dir. _____
Asst. Dir.: _____
Admin. _____
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Ext. Affairs _____
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Gen. Inv. _____
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Laboratory _____
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Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director/Spec'y _____

SENT FROM D. O.
TIME 1:20 PM
DATE 12-17-73
BY [signature]

18 DEC 20 1973

Copy made for
Correspondence
1/2/74
JL

REC-6038

10 JAN 10 1974

MAIL ROOM ☐

TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : MR. JENKINS *TJH*

DATE: 1/31/74

FROM : *WGC* W. G. CAMPBELL

SUBJECT: W. MARK FELT
FORMER ACTING ASSOCIATE DIRECTOR
CONSULTANT TO COMPUTER SCIENCE
CORPORATION
REQUEST TO VISIT COMPUTER SYSTEMS DIVISION

Assoc. Dir. ☒
Dep. AD Adm. ☒
Dep. AD Inv. ☒
Asst. Dir.:
Admin. ☒
Comp. Syst. ☒
Ext. Affairs ☒
Files & Com. ☒
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Laboratory ☒
Plan. & Eval. ☒
Spec. Inv. ☒
Training ☒
Legal Coun. ☒
Telephone Rm. ☒
Director Sec'y ☒

In a telephone call to me on 12/27/73 Mr. Felt advised of his appointment as a Consultant to Computer Science Corporation. He expressed interest in learning how LEAA awards contracts and complained of their procedures concerning solicitation of bids. Details of that call and the fact that he would be calling either the Associate Director or the Director for an appointment are set forth in Campbell to Callahan memorandum 12/28/73 (copy attached).

Mr. Felt called the Director on 1/31/74 from Los Angeles and mentioned that his firm is in the process of making some recommendations to Orange County, California, authorities regarding a computerized criminal justice information system. Mr. Felt mentioned that he and representatives of his firm will be traveling to Kansas City in the near future to observe the ALERT system in operation there.

Mr. Felt advised that he would be interested in visiting the Computer Systems Division to review the recommendations that they have in mind for the Orange County system to make sure they do not conflict with any systems developments of interest to the FBI, such as the NCIC/CCH. Mr. Felt was advised that inquiry would be made and he could call again upon his return on 2/4/74.

As stated in my memorandum of Mr. Felt's previous call, it would be improper for the FBI to act as a go-between for any private computer firm and the LEAA with regard to LEAA's procedures. His present request appears to involve a desire to insure that recommendations about to be made by Computer Science Corporation are not inconsistent

Enclosure

WGC:nls (4)

1 - Mr. Callahan

1 - Mr. Mintz

1 - Mr. Campbell

ENCLOSURE

SEE ADDENDUM PAGE 2

PERS. SECURITY

Computer Systems

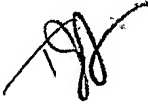
CONTINUED - OVER

Memorandum for Mr. Jenkins
Re: W. MARK FELT

with NCIC/CCH interests. A discussion with him along these lines would not be out of order. Care would be exercised, however, to avoid embroiling the FBI in any complaints that Computer Science Corporation may have with regard to their lack of opportunity to bid on contracts being funded by LEAA.

RECOMMENDATION:



That I be authorized to telephone Mr. Felt on 2/4/74 and arrange for him and a representative of his firm to visit the Computer Systems Division at a mutually convenient date for the purpose outlined.



ADDENDUM BY LEGAL COUNSEL, 2/1/74, JAM:mfd

I suggest that personal contacts by representatives of private companies for commercial purposes should be confirmed by a letter to the representative to keep the record clear as to the scope and nature of the contact and to avoid possible misuse of Bureau prestige for private gain by claims of personal influence.

*Basically I agree with
times permits - in
cases such as this
timely review should suffice.*



OK



MR. CALLAHAN

12/28/73

W. G. CAMPBELL

W. MARK FELT
FORMER ACTING ASSOCIATE DIRECTOR
APPOINTMENT AS CONSULTANT TO
COMPUTER SCIENCE CORPORATION
FAIRFAX COUNTY, VIRGINIA

Mr. Felt telephoned me on 12/27/73, to advise that he has accepted an appointment as parttime consultant for captioned corporation. His function will be in the role of a law enforcement advisor to counsel the firm with regard to assisting law enforcement entities in making grant application to LEAA. Mr. Felt said that certain executives in the company are somewhat exercised over their lack of success in obtaining any contracts in the law enforcement field for projects being funded by LEAA. He specifically mentioned the National Telecommunications requirement study contract which was awarded the Jet Propulsion Laboratories, Pasadena, California, and said his company is puzzled as to why that study was not the subject of a bid solicitation. I suggested that if his firm has some question with regard to any of LEAA's funding activities or procedures with regard to solicitation of bids and awarding of contracts that direct contact be made with LEAA. I reminded him that basic information concerning their activities in this field would likely be available for review as public documents. I also mentioned that it would not be a tenable position for the FBI to become involved in any sort of go-between activities involving a private computer firm and the LEAA.

He expressed understanding of this position and said he guessed what he was really seeking was guidance as to where helpful information on these topics of interest that is available to the commercial public can be located.

This new venture on the part of Mr. Felt can create a potentially awkward situation. Within the bounds of Bureau regulations and general business ethics it would be highly improper to grant him a favored status and within these

1 - Mr. Callahan
1 - Mr. Mintz
1 - Mr. Campbell

WGC:mb (4)

CONTINUED - OVER

ENCLOSURE

67-276576-448

Memo to Mr. Callahan
Re: W. Mark Felt

same bounds there is little if any information that can be furnished him of the type he is apparently seeking. I have attempted to convey this concept to him, however, he advised that he will be in touch either with your office or with the Director's office for an appointment.

RECOMMENDATION: That the Associate Director receive Mr. Felt and reiterate the inability of the FBI to be of assistance to him in connection with his consultant activities because of the constraints imposed by Bureau regulations and ethical standards.

MR. W. MARK FELT
3216 WYNFORD DRIVE
FAIRFAX, VIRGINIA 22030

5/30/74

W. MARK FELT

Dear Clarence,

I thought you might be interested
in the enclosed which is a copy of the
statement which I submitted to the Sub-
committee on Constitutional Rights on
the subject matter of "Privacy and
Security."

Sincerely,

Mark (Felt)

| | |
|------------------|-------|
| Assoc. Dir. | _____ |
| Dep.-A.D.-Adm. | _____ |
| Dep.-A.D.-Inv. | _____ |
| Asst. Dir.: | |
| Admin. | _____ |
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| Legal Coun. | _____ |
| Telephone Rm. | _____ |
| Director's Sec'y | _____ |

REC-136

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| 67-276576-449 | |
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| 7 JUN 26 1974 | |

1- ENCLOSURE

15 JUN 19 1974

TELETYPE

CORRESPONDENCE

ack
6/14/74

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RECEIVED
REC. UNIT

STATEMENT OF W. MARK FELT
TO THE SUBCOMMITTEE ON CONSTITUTIONAL RIGHTS
COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE
May 6th, 1974

These comments and remarks are respectfully submitted to the Subcommittee for consideration in connection with legislative proposals dealing with Privacy and Security of data accumulated and maintained within the Criminal Justice System. Having spent over thirty-eight years with the United States Government, including over thirty-one years with the Federal Bureau of Investigation where I reached the position of Acting Associate Director, I am intensely interested in questions of personal privacy and regulatory steps which are proposed to insure personal privacy is maintained.

This statement is submitted not as criticism but rather to raise questions and to stimulate additional discussion. I have reviewed portions of the testimony which has been available to me. I heartily endorse the testimony of Director Clarence M. Kelley of the Federal Bureau of Investigation. I am particularly impressed by the statement of Colonel John R. Plants, Director of the Michigan Department of State Police, that Criminal Justice information "is probably the best handled of most of the data banks that are operating in the country, because we have had a concern for privacy and security for years." I agree with his principle of "functional centralization."

If I were to differ from Director Kelley and Colonel Plants, it would be to express even more forcefully the concern that in our zeal to protect the rights of the individual we do not go too far and impair the effectiveness of law enforcement. The United States is a Nation plagued by crime and the situation is critical. We are afraid to walk the streets of our Capitol, where even United States Senators are viciously attacked. Similar fears exist in many of our major cities. Locks, window bars, and burglar alarms have become best seller items. The dollar costs of crime, estimated at from thirty to fifty billion dollars per year, have become a substantial part of our rapidly mounting cost of living. Suffering and deprivation because of crime are intolerable.

With this background, we need to very carefully examine proposed legislation which will affect the operational capacities of law enforcement agencies. Boiled down to essentials, the several proposed bills in present form would primarily give additional protection to the person who commits a criminal act. A few situations can arise wherein a bystander becomes innocently involved with the Criminal Justice Process, and under the proposed bills such a person would have a greater degree of protection than he has now. However, just how serious is the problem of such bystanders compared with the overall interests of a society struggling under the heavy burden of crime? Are there any statistics available to show the number of instances in which the rights of citizens to privacy have been invaded by the dissemination of Criminal

Justice information? Do we know the extent of personal injury sustained? Do we know that civil recourse was not adequate or would not have been adequate if pursued?

My opinion and position are based upon my knowledge that when a person commits a criminal act in the United States his chances of getting caught, let alone punished, are very remote indeed. In the first place, there is good reason to believe that many crimes are never detected at all. Secondly, many detected crimes are never reported to the police for various reasons such as embarrassment, fear of retaliation from the criminal, and sometimes a feeling that it wouldn't do any good. Recent surveys conducted under a grant from the Law Enforcement Assistance Administration in five major cities indicate crime victims report to the police less than half of the known offenses.

The really shocking statistic is that of those crimes which are reported, it is estimated only 20% are cleared by an arrest. What happens to those who are arrested? Most will escape the consequences entirely. Some will get a reduced charge through "Plea Bargaining." Only 5% of those persons committing crimes actually end up in jail.

These statistics should not be construed as a criticism of Law Enforcement but rather as a commentary on our "Open Society" and our very strict compliance with Constitutional protection of the rights of the individual. These statistics make it abundantly clear that we already go to great lengths to protect the rights of individuals who commit crimes And to restrict the exchange of documented information between Law Enforcement Agencies; particularly the concept of "Purging" or "Sealing" of criminal records, is to go one step further by helping a person who has committed a crime to conceal vital information from the police officer who is investigating the case. Would we also require newspaper morgues to purge from their files records of news stories about the convictions of kidnappers, bank robbers, extortioners, bombers and other criminals? I feel very strongly about this. "Purging" or "Sealing", although well intentioned, will become nothing more than Government sponsored "Cover Up" and "Obstruction of Justice."

I fully understand and appreciate the need to improve our programs for the rehabilitation of convicted criminals. Our corrective systems are not effective because an estimated 75% of the prisoners presently in our penitentiaries will again be arrested to face criminal charges. Certainly I am aware that giving a released convict a fresh start may well be a factor in successful rehabilitation, but "Purging" or "Sealing" of criminal records will "hamstring" the investigation of new crimes as they are committed. The answer to this problem may well be some sort of State and Federal guaranteed employment and support of ex-convicts.

Concerning the matter of dissemination of criminal records outside law enforcement channels, there are legitimate needs for this, but I fully agree that strict regulations should guarantee maximum privacy consistent with the needs of the community. In the last analysis, no system whether manual or computerized will be any more secure than the integrity of the persons who operate it. For this reason, I favor the sanctions, both civil and criminal, which are provided for in both S. 2963 and S. 2964 against improper use of criminal record information. When criminal sanctions are to be applied it must be clear that criminal intent is an essential element of the violation.

Concern for the "Right of Privacy" has been brought into sharp focus by the rapidly expanding use of the computer to store and retrieve information. I don't believe there is any contention we are going to do anything materially different with the computers than we previously did with a manual system of records. Neither does there appear to be any serious disagreement that as our society expands and becomes enormously more complex, both government and industry must increasingly rely upon computer technology. We have already reached the point of no return. It has been estimated if we did away with all computers now in use in the United States and attempted to perform the same functions manually, it would require more workers than we have people.

Acknowledging the use of computers is inevitable, legitimate concern seems to be that there must be regulations set up now to prevent a future "Big Brother" from interfacing all of the computers, thereby creating "Secret Dossiers" on everyone. We all agree that such regulations are necessary and desirable. We must be sure, however, that the Hearings thoroughly explore every ramification. For example, would not the creation of a "Federal Information Systems Board," as proposed in S. 2963, actually be the creation of a "Big Brother" which would control all government data banks in any way it saw fit? If such a Board is created, I strongly recommend that Criminal Justice data banks be excluded from the control of the Board.

Perhaps it will not be necessary to create a Federal Board to oversee the government use of computers. In theory, once all computer systems were operating satisfactorily, the Federal Board would have no important function. An alternative would be to provide for more hearings and studies at the Legislative level. For example, the General Accounting Office is now conducting a study as to the uses made of criminal record data at the local level. The results of this study will have an important impact on proposed legislation. The complexity of this matter would indicate that other studies might be indicated before legislation is finalized.

Consideration must be given to the effect of computer-oriented regulations on current manual operations which may not be computerized for some time pending installation, technology, or funding. Consideration must also be given to the impact of regulations upon the extensive exchange and dissemination within the law enforcement community of information which may never be computerized. Is it intended that intelligence information include "raw" files which have been obtained from investigation of alleged criminal investigations? Keep in mind

the point mentioned above that only a small percentage of cases investigated end with guilty pleas or convictions.

Will the proposed regulations apply to the exchange and dissemination within the intelligence community of the Federal Government of information from "raw" files obtained from investigations relating to the National Security? Can there be dissemination of information from such files to the White House by agencies in the Executive Branch?

I am not sure I understand just what is meant by the "Right of Privacy." It is not defined in the Constitution or in any Federal Statutes with which I am familiar. It is my understanding that as generally used in the past the "Right of Privacy" might be described as the right of an individual to withhold, consistent with the law, his person and property from scrutiny by others having motives of curiosity, gain, or malice. In shaping the final form of legislation relating to Privacy and Security we must keep in mind that we now will be going much further because we are dealing not with the individual's own records but with the records of governments.

While I agree with the need for effective regulations, Law Enforcement must not be denied the benefits of modern technology. Neither must other government operations be denied the economies and efficiencies which technology has placed in front of us. We must be sure we do not now impose restrictions which will be economically impossible to comply with in the future. The guidelines must be reasonable and must carefully balance the rights of the individual against the rights of society.

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Jacobson *JS*
FROM : Legal Counsel *JL*
SUBJECT: WATERGATE - ALLEGED
LEAK TO THE "NY TIMES"
RE MATTER

DATE: 5/31/74

W. Mark Felt

b6
b7C

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. *✓*
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
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Legal Coun. *✓*
Telephone Rm. _____
Director Sec'y _____

At the request of Associate Director Callahan, I have examined the statutes to determine possible violations of Federal law that might have been committed by former Acting Associate Director W. Mark Felt. My review of the statutes was based on information that allegations have been made that Mr. Felt removed FBI documents from FBI custody and furnished them to a reporter for the "NY Times" without prior authority, and further allegations that Mr. Felt made copies of Bureau documents without authority and furnished such copies to the "NY Times" reporter without authority.

Title 18, United States Code, Section 641, provides a penalty of a fine of not more than \$10,000, or imprisonment of not more than 10 years, or both, if property exceeding the value of \$100 is converted to private use or the use of another where the property is the property of the United States. If the value of the property does not exceed \$100, the penalty is a fine of \$1,000, or imprisonment of one year, or both.

The removal of FBI documents without authority and furnishing such documents to a news reporter without authority could constitute conversion to personal use of property belonging to the United States. Therefore, if the allegations concerning Mr. Felt can be proved, it is possible that his alleged actions constitute a violation of Title 18, United States Code, Section 641.

Title 18, United States Code, Section 2071, provides that whoever willfully and unlawfully . . . removes . . . or with intent to do so takes and carries away any record . . . document or other thing

No copies made

JAM:mfd
(1)

7 OCT 15 1974

PERS. REC. UNIT

REC-107

62-116210-21

CONTINUED OVER

18 OCT 10 1974

Memorandum to Mr. Jacobson
Re: Watergate - etc.

filed, deposited . . . in any public office shall be fined not more than \$2,000 or imprisoned not more than three years, or both. The alleged removal of FBI documents could have constituted a violation of Section 2071.

During the course of an inquiry into this matter, other violations of Federal law may develop. For example, Title 18, United States Code, Section 1001, provides a penalty of not more than \$10,000 fine, or imprisonment of not more than five years, or both, for whoever willfully falsifies, conceals, or covers up a material fact or makes any false, fictitious, or fraudulent statements or representations. During the interview of Mr. Felt his responses could constitute a violation of Section 1001 if he answers falsely.

If Mr. Felt is to be put under oath by a Federal Grand Jury or by a Congressional Committee investigating this matter, Title 18, United States Code, Section 1621, could apply. This section, which imposes a penalty of a fine of not more than \$2,000 or imprisonment of not more than five years, or both, punishes those who, having taken an authorized oath, willfully states or subscribes to any material matter which he does not believe to be true (perjury).

In view of the fact that the above Federal statutes may apply and that there may have been violations of Federal law committed, and other violations of Federal law may be committed, any interview of Mr. Felt concerning this matter should be proceeded by a complete warning of constitutional rights and a waiver of those rights.

RECOMMENDATION:

For information.

SM *WAC* *W* *AM*

UNITED STATES GOVERNMENT

Memorandum

TO : MR. JENKINS

DATE: 5/31/74

FROM : W. G. CAMPBELL

SUBJECT: WRITTEN STATEMENT ON SECURITY AND
PRIVACY LEGISLATION BY FORMER ACTING
ASSOCIATE DIRECTOR W. MARK FELT

Assoc. Dir. ☒
Dep. AD Adm. ☒
Dep. AD Inv. ☒
Asst. Dir.:
Admin. ☒
Comp. Syst. ☒
Ext. Affairs ☒
Files & Com. ☒
Gen. Inv. ☒
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Laboratory ☒
Plan. & Eval. ☒
Spec. Inv. ☒
Training ☒
Legal Coun. ☒
Telephone Rm. ☒
Director Sec'y ☒

Crime Statistics GENERAL

Memorandum Campbell to Jenkins, 5/8/74 (copy attached), recorded that Mr. Felt was preparing a statement to submit to the Congressional Subcommittees conducting hearings on privacy legislation, and had called with regard to statistics arising out of the Bureau's Careers in Crime study.

Attached is a copy of Mr. Felt's finished statement which he mailed in for the Bureau's information.

RECOMMENDATION:

None. For information.

Enclosures

WGC:nls (7)

- 1 - Mr. McDermott
- 1 - Mr. Thompson
- 1 - Mr. Wannall
- 1 - Mr. Bowers
- 1 -
- 1 - Mr. Campbell

REC-73

33-1-21416

5 JUN 10 1974

PERS. REC. UNIT

(Mount Clipping in Space Below)

GOP campaign bug claim denied by ex-FBI aide



W. MARK FELT

bug charge denied

By RICHARD G. HIGH

Times News managing editor

TWIN FALLS — W. Mark Felt, the former number two man at the FBI, today denied statements by President Nixon and John Dean that the FBI had bugged the Republican campaign during 1968.

Felt, a Twin Falls native, had played a prominent role in private White House discussions on Feb. 18, 1973, when Nixon and Dean were attempting to develop information about wiretaps they thought had been used against Republicans in 1968. Nixon and Dean were seeking a way to counter early news accounts of the Watergate breakin.

According to edited transcripts of taped conversations released by the White House, Nixon and Dean apparently decided Felt would not provide the information sought by the President because of the unbearable financial and career pressures that could be brought to bear on him.

In a telephone interview at his home in Fairfax, Va., Felt today denied the FBI had conducted political wiretaps during the 1968 campaign.

"I don't know what they're talking about. I'm sure that is completely false," he said.

However, Felt said the FBI had conducted wiretaps on the South Vietnamese embassy in Washington, as reported in the White House transcripts, but not on political figures.

Felt said the wiretaps were ordered by President Johnson, who reportedly feared his efforts to establish a Vietnam cease fire were being undercut by Republicans. Johnson reportedly feared the Republicans were negotiating with the South Vietnamese to back away from a cease fire. A cease fire, both Johnson and the Republicans believed, would have helped the presidential candidacy of Democrat Hubert Humphrey.

The South Vietnamese Embassy wiretap in Washington, Felt said, "was strictly a national security wiretap." Moreover, he said, Johnson's suspicions were not confirmed by the wiretap results.

Felt's name cropped up in the Feb. 28 conversation as one of several people who probably had full information on reports of wiretaps ordered on the South Vietnamese embassy, a woman thought to be a conduit between the Republicans and the South Vietnamese, Anna Chennault, and the Agnew plane.

Although Nixon expressed doubt about the reported bugging of Agnew's plane, both he and Dean apparently considered the wiretaps political, not national security, wiretaps.

Nixon asked what would happen if "Felt comes out now and unwraps?"

Dean replied that "He can't do it."

Nixon began a long statement in which he concluded that the pressures on Felt would be too great.

"The informer is not one in our society. Either way, that is the one thing people can't survive. They say no civilized (characterization deleted) informs."

Felt said today he had not been asked to provide the information discussed in the transcripts.

Felt said he already had refused several requests from the White House, relayed by John Dean, which perhaps explains the White House conclusion that he would not reveal FBI secrets.

Felt was reared in Twin Falls and graduated from the Twin Falls High School and the University of Idaho. He married the former Audrey Robinson of Gooding, the sister of Gooding dentist Dr. E. S. Robinson.

Assoc. Dir. _____
Dep. A.D. Adm. _____
Dep. A.D. Inv. _____
Asst. Dir. _____
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Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

(Indicate page, name of newspaper, city and state.)

1-Times News
Twin Falls, Idaho

Date: 5/9/74
Edition: Daily
Author: RICHARD HIGH
Editor:
Title: W. MARK FELT
FORMER FBI EMPLOYEE

Character:
or
Classification:
Submitting Office: Butte

☐ Being Investigated

52-PERS. REC. UNIT

The following are excerpts from the Feb. 28, 1973, White House edited tape transcripts:

John Dean: What the White House had from reporters in "Life." The other person who knows and is aware of it is Mark Felt, and we have talked about Mark Felt before.

President Nixon: Let's face it. Suppose Felt comes out now and unwraps. What does it do to him?

Dean: He can't do it.

President: How about (unintelligible)? Who is going to hire him? Let's face it — the guy who goes out — he couldn't do it unless he had a guarantee from somebody like "Time" magazine who would say look we will give you a job for life. Then what do they do? He could go to a job at "Life," and everyone would treat him like a pariah. He is in very dangerous situation. These guys, you know — the informers...

(Nixon next discusses economic pressure on a writer because of giving information)

"Either way, the informer is not one in our society. Either way, that is the one thing people can't survive. They say no 'civilized' (characterization deleted) informs.

Dean: On the '68 incident all I have been able to find out is what you told me that Hoover had told you, what he had told Mitchell.

President: Yeah, Mitchell corroborates that, doesn't he?

Dean: Kevin Phillips called Pat Buchanan the other day with a tidbit that Dick Whelan on the NSC (National Security Council) staff has seen memoranda between the NSC and the FBI that the FBI had been instructed to put surveillance on Anna Chennault, the South Vietnamese embassy and the Agnew plane.

This note also said that Deke DeLoach was the operative FBI officer on this.

President: The Agnew plane? I think DeLoach's memory now is very very hazy. He doesn't remember anything.

Dean: I talked to Mitchell about this and he has talked to DeLoach. DeLoach has in his possession and he has let Mitchell review them some of the files on this.

President: But not —

Dean: But they don't go very far, this is DeLoach protecting his own hide.

(Mount Clipping in Space Below)

Felt Flaunts FBI Fibre

BY JOAN MITCHELL

"America is the most permissive society," stated Mark Felt, former assistant FBI director, who raised opposition from listeners last Wednesday in the Student Center.

In speaking about the "three W's"—Watergate, Wounded Knee, and wiretap, Felt cited the FBI's difficulty in proving conspiracy cases. The limitations, Felt explained, lie in the fact that "The FBI can't make anyone talk."

Concerning the Watergate scandal, Felt claimed that "There was no cover-up inside the FBI." Felt attributed the exploitation of Watergate to the frustration of FBI men, which led to leakage to reporters such as Woodward and Bernstein. This led to the Washington Post, which opened it further.

The answer to the investigation of most crimes, Felt feels, does not lie in wiretapping. Felt feels that there is too much expense and manpower involved in that procedure. He stated that at any particular time the FBI has no more than 100 tappings, with a minimal percentage devoted to organized crime.

Attempting to clear up the image of violence that he feels the FBI has maintained, Felt explained that there is very seldom an exchange of gunfire, but he added, "I don't claim that the FBI is without intervention."

During the ~~un~~aired question period, an irate young woman challenged the opinion of Felt concerning search and seizure laws.

After expressing her disagreement over the right of the law to search you as well as your car for so much as a motor vehicle offense, Felt's reply was, "All I can say is that you better be very careful."

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 Telephone Rm. _____
 Director Sec'y _____

(Indicate page, name of newspaper, city and state.)

PAGE 1

THE NEWS
 UNIVERSITY OF NEW HAVEN
 NEW HAVEN

CONNECTICUT

Date: 4-19-74
 Edition: WEEKLY
 Author: JOAN MITCHELL
 Editor: THOMAS W. MURPHY
 Title: FELT FLAUNTS FBI
 FIBRE

Character:

or

Classification:

Submitting Office: NEW HAVEN

☐ Being Investigated

6 1974

33

3/1/74



MARK FELT

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Cleveland

DATE: March 1, 1974

FROM :

SUBJECT:

EMPRISE, INC.;

SPORTSERVICE, INC.

CRACKETER INFLUENCED AND
CORRUPT ORGANIZATIONS

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
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Director Sec'y _____

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The Director has asked for the background concerning allegations made by two former employees of Idaho Department of Law Enforcement that former SA [redacted] impeded their investigation into Emprise, Inc., and that following a 1971 visit to Idaho by Congressman Sam Steiger (Republican - Arizona), either Steiger or someone else contacted former Director J. Edgar Hoover who immediately dispatched former Assistant Director W. Mark Felt to Idaho to look into the matter.

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Emprise, Inc., is a multimillion dollar sports concession corporation headquartered in Buffalo, New York, and owns numerous concessions throughout the country. In July, 1972, Emprise, Inc., received a fine of \$10,000 in Federal court as a result of FBI investigation into hidden ownership in the Frontier Hotel, Las Vegas, Nevada. Also convicted in this case were Detroit, Michigan, La Cosa Nostra (LCN) "capos" [redacted] and Anthony Giordano, "boss" of the St. Louis LCN "family."

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SAC, Butte, has advised that [redacted], "The Idaho Statesman," advised on February 15, 1974, he was doing an article on [redacted], Idaho Department of Law Enforcement, and [redacted] stated his paper has published articles indicating that [redacted] while [redacted] permitted open gambling and possibly had taken a bribe. [redacted] explained that in conducting investigations into allegations regarding corruption on the part of [redacted] two former employees of the Idaho Department of Law Enforcement. [redacted] privately claimed they also had knowledge of certain improper actions on the part of former Special Agent [redacted] while they were employed for the Idaho Department of Law Enforcement in that [redacted] had impeded their investigation of Emprise, Inc., into possible connections with the "Mafia." [redacted] contacted [redacted] at San Francisco, California, who stated that as a result of these allegations, former Assistant Director Felt came to Idaho to look into the matter and was unable to substantiate the allegations.

1 - External Affairs Division
1 - Mr. Cleveland

RLS:mar 20 1974
(5)

1 - [redacted]
1 - [redacted]
CONTINUED OVER

REC-5011
6-11

Memorandum to Mr. Cleveland

Re: [redacted]

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On February 18, 1971, Congressman Steiger informed a representative of the Bureau during a recent trip to Idaho he had heard comments to the effect that SA [redacted] had improperly contacted Governor Cecil Andrus of Idaho and had provided the Governor with FBI information indicating there was no known hoodlum influence in the Emprise Corporation. As a result, former Director Hoover sent Mr. Felt to Idaho to resolve the allegations. Mr. Felt's investigation found no evidence to indicate [redacted] had made any such revelations to the Governor. During interview, Governor Andrus categorically denied stating he had received an FBI report on Emprise, oral or otherwise, and stated he has never spoken with or even met former SA [redacted]. While no evidence was developed to support the allegations, Mr. Felt was of the opinion that [redacted] displayed poor judgment in allowing wrong impressions to be created in two separate instances relating to this matter. Former SA [redacted] was subsequently censured and ordered to Kansas City by letter dated March 2, 1971. On April 16, 1971, [redacted] retired from Bureau service.

RECOMMENDATION:

Inasmuch as SAC, Butte, has properly satisfied the inquiries of [redacted] it is recommended that no further action be taken.

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dmc
WVC
JK/Jem
BH
K

UNITED STATES GOVERNMENT

Memorandum

Assoc. Dir. ☒
Dep. AD Adm. ☒
Dep. AD Inv. ☒
Asst. Dir.:
Admin. ☒
Comp. Syst. ☒
Ext. Affairs ☒
Files & Com. ☒
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Spec. Inv. ☒
Training ☒
Legal Coun. ☒
Telephone Rm. ☒
Director Sec'y ☒

TO : MR. JENKINS

DATE: 6/20/74

FROM: *WGC* W. G. CAMPBELL

SUBJECT: WRITTEN STATEMENT ON PRIVACY AND
SECURITY LEGISLATION BY FORMER ACTING
ASSOCIATE DIRECTOR W. MARK FELT

Memorandum Campbell to Jenkins, 5/31/74, enclosed a copy of captioned statement which Mr. Felt had mailed in for the Bureau's information. Subsequently he mailed another copy to the Director which was acknowledged by Director's personal note. Mr. Felt called me at 10:30 a.m., 6/20/74, to congratulate me on my retirement and during conversation commented he had just received a note from the Director acknowledging receipt of a copy of captioned written statement. Mr. Felt said from the wording of the Director's note he thought maybe the Director had not approved of the content of his statement. I suggested that although I have not discussed it with the Director I thought such a conclusion is unwarranted because his statement is in general support of the law enforcement position. He then said that perhaps he had read too much into the note and that he had intended to be in support of the Bureau's position.

Mr. Felt then remarked that his retirement had several interruptions in connection with official matters. He recounted that he had testified before the Grand Jury in New York, had testified in the Wounded Knee Case and the Watergate Case. He then asked me if I was aware of the latest development in this connection to which I replied that I was not. He said he is suspect in having provided a number of official documents to the New York Times Newspaper, which allegation he described as being "ridiculous on its face." I made no response to these remarks and turned the conversation to my plans upon retirement.

ACTION:

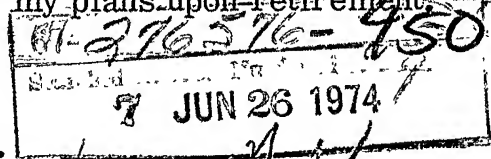
None. Submitted for information.

WGC:nls

(2)

1 - Mr. Campbell.

REC-136



UNITED STATES GOVERNMENT

Memorandum

TO : MR. CALLAHAN

DATE: June 20, 1974

FROM : O. T. JACOBSON *OTJ*

SUBJECT: WATERGATE - ALLEGED LEAK TO NEW YORK TIMES
RE [REDACTED] MATTER

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
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Telephone Rm. _____
Director Sec'y _____

We have been conducting inquiries into alleged leaks of Bureau information to [REDACTED], reporter for the New York Times. Previous data developed indicated that while Mr. Ruckelshaus was Acting Director [REDACTED] told [REDACTED] of Ruckelshaus' staff on a confidential basis that W. Mark Felt, former Associate Director, had furnished him information.

On 7/24/73 Mr. Ruckelshaus advised the Director and Assistant Directors Gebhardt and Jacobson that when he was appointed Acting Director of the FBI, President Nixon told him that Attorney General Mitchell had been contacted by [REDACTED] for Time Magazine and told in confidence that Felt was the source of material for an article in Time Magazine in 2/73 regarding the 17 wiretaps in which the Bureau became involved at White House request. Ruckelshaus also stated that after [REDACTED] learned from [REDACTED] that Felt had furnished [REDACTED] information he had confronted Felt. This confrontation probably occurred on 5/15/73. Ruckelshaus advised that at first Felt denied furnishing information to [REDACTED] but subsequently admitted that he had given him information and explained that he felt he was doing it as a service to the FBI. Ruckelshaus indicated he was upset, agitated, and disgusted and did not pursue Felt's reasoning any further during the confrontation but did ask Felt what he intended to do. According to Ruckelshaus, Felt submitted his letter of retirement on 5/16/73 and Ruckelshaus took no further action.

With approval, Felt was interviewed on 6/13/74 and advised of his rights at the outset of the interview (results of interview on FD-302 attached). He denied any personal meetings with [REDACTED]. He stated [REDACTED] had been to his office sometime after an article on the 17 wiretaps appeared in the New York Times in 5/73 but stated he told his secretary he didn't want to see [REDACTED]. Felt acknowledged having received one or two telephone calls from [REDACTED] and that one of them concerned a story [REDACTED] on the FBI's role in 17 wiretaps. According to Felt, this latter phone call occurred about May 9 - 10, 1974, while he, Felt, was in California on a speaking engagement, and the entire conversation lasted no more than 10 minutes. He stated [REDACTED] wanted to discuss an article [REDACTED] on the 17 wiretaps and Felt agreed to hear the story. According to Felt, [REDACTED] mentioned that

Enclosures

1 - Mr. Mintz, 1 - Mr. Gebhardt

JJD:bhg (4)

C CONTINUED - OVER

18 OCT 10 1974

PERS. REC. UNIT

Callahan 7-31-74 10:00 AM

75-3025 detached REC 107 62-116260-26

Memorandum to Mr. Callahan

Re: Watergate - Alleged Leak to New York Times

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Mr. Hoover was going to "blackmail" the Administration because of illegal wiretaps and Felt said he became upset over this statement and other parts of the story and he began to "set the record straight" to protect Mr. Hoover's and the Bureau's image. According to Felt he did not disclose any information to [] on the 17 wiretaps because [] had it all. Felt stated that the article [] appeared in the New York Times a few days after [] telephone call.

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According to Felt, he met with then Acting Director Ruckelshaus in Ruckelshaus' office at which time Ruckelshaus discussed the Times article. Felt stated Ruckelshaus appeared to be very upset by the article and told Felt that although he was not accusing him of leaking the story to [] he wanted Felt to know that Felt had confirmed to [] by his telephone conversation with him, that the investigation was underway. According to Felt, Ruckelshaus told him that he, Ruckelshaus, had received information that [] had indicated that one of his sources for the article was "Mark Felt of the FBI."

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According to Felt, Ruckelshaus told him that Former Assistant to the Director William Sullivan was the leak because he was interviewed and made aware of the investigation. It is Felt's recollection that he was informed by Ruckelshaus on the day following the above meeting in Ruckelshaus's office that Sullivan had leaked the information to [] Felt was asked if he told Ruckelshaus that he, Felt, was responsible for leaking the story and he replied "No." He reiterated that Ruckelshaus told him he knew that Sullivan did it. Upon interview, Felt denied releasing to the news media any FD-302 of an interview of [] and []

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Attached is FD-302 setting forth results of interview of [] [] who formerly served as []. She recalled several telephone conversations by [] with Felt (initiated by []) She stated that on an unrecalled date [] had a meeting for approximately 30 minutes with Felt in Felt's office; however, she does not remember [] from Felt regarding this meeting.

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[] was interviewed (FD-302 attached). She presently works in [] and []. She recalled telephone attempts by Crewdson to talk to Mr. Felt and remembers [] visiting Mr. Felt's office on one occasion, probably in May or June, 1973. She recalls that [] had an appointment to see Felt on that occasion;

Memorandum to Mr. Callahan
Re: Watergate - Alleged Leak to New York Times

however, she is unable to state whether [] actually entered Mr. Felt's office although she remembers seeing [] in the outer office.

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William C. Sullivan was interviewed (FD-302 attached). He denied any contacts with [] while he, Sullivan, was employed by the FBI. He stated that since his retirement he has been contacted by [] on approximately 4 or 5 occasions and indicated he has not furnished any information to []. Sullivan stated that in one telephonic contact with [] which he estimated took place in 2/74, [] indicated to him that he had a good contact in the Bureau. Based on comments made by [] to Sullivan, Sullivan believes that [] has seen information in FBI files.

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MISSING MEMORANDUM DATED 2/23/73 REGARDING WATERGATE INVESTIGATION

There is attached a copy of a memorandum dated 2/23/73 captioned, []; and Others; Burglary of Democratic Committee National Headquarters, 6/17/72; Interception of Communications." This memorandum shows that Bureau officials, including Mr. Felt, and certain personnel of the Washington Field Office concurred that the Watergate investigation had been handled in accordance with procedures customarily employed in any major investigative effort by the FBI. We have been unable to locate the original of this memorandum in our files. Upon interview on 6/13/74 Mr. Felt was questioned regarding this memorandum (pages 5 and 6 of FD-302). Felt recalled the memorandum and stated he was ashamed of it. When asked what he did with it he said he tore it up approximately 2 or 3 days after it came out of Mr. Gray's office. He later stated his recollection is that he found the memorandum while purging his files before his retirement and that he had physically placed it in the confidential trash without tearing it up. As previously reported, data indicates that [] either had this document (or a copy thereof) or had been advised of its contents by some individual.

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OBSERVATIONS:

Felt's statement that he never personally met with [] is contradictory to [] statement. Ruckelshaus' statements to the Director, Mr. Gebhardt and Mr. Jacobson regarding his conversations with Felt on the New York Times article are at variance on key points as contrasted with Felt's recollection. To resolve this, it is believed Ruckelshaus should be reinterviewed.

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RECOMMENDATIONS:

1. That Mr. Ruckelshaus be reinterviewed by the two Agents who conducted the interview of Felt.

Memorandum to Mr. Callahan
Re: Watergate - Alleged Leak to New York Times

2. That views of the Office of Legal Counsel be obtained regarding a possible suggestion to the Office of the Special Prosecutor that a subpoena be issued for [redacted] to testify so that this matter of [redacted]
[redacted]

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b7C

JD
Joe
EM
mtc
tho

OK

REC-136

June 14, 1974

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

Dear Mark:

Thank you for your recent letter and the enclosure regarding your statement to the Subcommittee on Constitutional Rights. It appears to be very well thought out and I know is truly reflective of your feeling.

Best of luck to you.

Sincerely,

PI Clarence

CMK:EDM (3)

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edw

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|------|---------|-------|
| Time | 6:42 | D. O. |
| DATE | 6-17-74 | |
| BY | 88W | |

15 JUN 19 1974

PHS. REC. UNIT

MAIL ROOM ☐

TELETYPE UNIT ☐

MR. W. MARK FELT
3216 WYNFORD DRIVE
FAIRFAX, VIRGINIA 22030

6/20/74

PERSONAL

W. MARK FELT
Dear Clarence,

*1 Xerox made +
routed. 6-25-74
adm*

To be treated as a prime suspect in a sordid example of crass disloyalty to the FBI is a humiliating and degrading experience. I am disappointed that you do not know me better. In view of the conglomeration of Bureau documents circulating in the media, I quite understand the need for an aggressive inquiry, but remember that all but one, and possibly all, of your suspects are innocent and completely loyal to the Bureau. This makes it very important not to lose sight of the human considerations.

My contacts with the press have been limited. On only one occasion did I ever "leak" information and that was years ago and on instructions from the Bureau. I have never given Bureau documents to unauthorized persons. On the very few times when I did discuss impending news stories with a reporter, it was in an attempt to guide the story along more accurate lines and, hopefully, lines more favorable to the FBI. I have just completed a year of lectures and debates defending the FBI. I have spoken highly of you at all times and will continue to do so.

For me to be suspected of stealing a miscellany of Bureau documents for release to a member of the news media is ridiculous. Incidentally, I am not "Deep Throat" either, as speculated about by a reporter for the "Washingtonian."

I have cooperated to the fullest extent with your inquiry. I have been candid and truthful. I will continue to cooperate no matter how distasteful it is to me. I am anxious to have this matter resolved because I deeply resent having to bear the burden of the suspicion of my former friends and associates. Unfortunately, this type case is often difficult to solve.

Sincerely,

Mark

67-276576-451
Searched _____ Numbered 7
OCT 15 1974

18 OCT 10 1974

*Text
THREE*

ack. 7-3-74

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TREAT AS ORIGINAL

FEDERAL BUREAU OF INVESTIGATION
COMMUNICATIONS SECTION

FD-448 (10-28-71)

NOV 18 1974

Transmit attached by Facsimile - PLAINTEXT TELETYPE

Priority

Assoc. Dir. ☒
Dep. Asst. Dir. ☒
Dep. Asst. Dir. ☒
Asst. Dir. ☒
Admin. ☒
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Spec. Inv. ☒
Training ☒
Legal Coun. ☒
Telephone Rm. ☒
Director Sec'y ☒

To: DIRECTOR - FBI - CMK

Date: 11-18-74 11

From: KANSAS CITY

Time Transmitted - 9:10 A

Subject: K.C. TIMES

Received -

11-18-74

- ☐ Fingerprint Photo ☐ Fingerprint Record ☐ Map ☒ Newspaper clipping ☐ Photograph
☐ Artists Conception / ☐ Other _____
☒ (6 min) ☐ (4 min)

Special handling instructions:

Approved

[Signature]

The Los Angeles Times story said, "Several FBI agents were highly sensitive to the fact that the Los Angeles hotel room of John M. Crawford, a New York Times reporter, had been turned up a report that Crawford was seen entering the office with an empty brief case and leaving it with a bulging brief case before the articles, based on bureau documents, began appearing. Crawford's wife, Zolt said of the report. Crawford said he had spoken with Crawford in a long-distance telephone call in May 1973, but said he could not recall details of their talk. Crawford, 61, also denied that a confrontation with William D. Buckleberry over the reported contacts with Crawford led to his retirement. At the time he said he was retiring for personal and economic reasons, Crawford began with the FBI 34 years and was the top-ranking career man in the bureau. Now a lecturer and criminal justice consultant, Crawford at one time was considered a leading candidate to succeed J. Edgar Hoover as FBI director.

Article begins on page 2

ENCLOSURE

67-276576-452

TREAT AS ORIGINAL

FEDERAL BUREAU OF INVESTIGATION COMMUNICATIONS SECTION

NOV 18 1974

(Mount Clipping in Space Below)

Former FBI Man Denies Role in Watergate Leak

Kathleen Patterson
At the St. Louis Post-Dispatch, former associate director of the FBI, said yesterday he was not "Deep Throat," the secret source who exposed inside Watergate information to the Washington Post and did not believe "Deep Throat" ever existed. Watergate-related matters had continued to trouble him since he left the Federal Bureau of Investigation. Felt, former special agent in charge of the Kansas City FBI office, said.

Felt reportedly is under investigation in a probe of news leaks. A Los Angeles Times story published yesterday said Felt was suspected of having leaked documents to a New York Times reporter.

The FBI was attempting to establish how Donald Segretti, convicted dirty trickster, obtained copies of FBI interviews with Watergate figures, the Los Angeles Times said.

The reporter who wrote that story was the one who said I was being investigated," Felt said yesterday in a telephone interview from Fairfax, Va., home.

"I have confirmed that I have been interviewed by the FBI," Felt said. "I fully understand the FBI has to conduct an investigation to find the leaks."

Obviously, he said, the leaks had not been plugged.

"That story in the Los Angeles Times was full of leaks," Felt said. "Current leaks."

A FBI spokesman would neither confirm nor deny that Felt was under investigation. Felt retired from the bureau in 1972.

He was special agent in charge of the FBI Kansas City office from 1963 to 1967. Then he went to Washington

as assistant to the director and deputy associate director of the FBI.

His high standing in the bureau and the fact that he chose to leave the FBI in June 1973 led some to suspect Felt might have been "Deep Throat," a major source of Watergate information for Bob Woodward and Carl Bernstein, Washington Post reporters.

"I am not 'Deep Throat,'" Felt said yesterday. "I am disappointed in Clarence Kelley (FBI director) for even thinking I might have been."

He said he had never leaked information to reporters and never provided FBI documents to reporters.

He might have been under suspicion as "Deep Throat," Felt said, because the type of information reportedly provided to Woodward and Bernstein could only have come from one of a handful of persons including himself, L. Patrick Gray, former acting FBI director, and Richard Helms, former attorney general.

Felt said he did not believe "Deep Throat" as an individual person existed.

"I think it was a literary thing they (Bernstein and Woodward) dreamed up for their book," he said.

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Telephone Rm. _____
Director Sec'y _____

(Indicate page, name of newspaper, city and state.)

Page 3A

The Kansas City Times
Kansas City, Mo.

Date: 11/18/74
Edition: Morning
Author: Kathleen Patterson
Editor: son
Title:

Character:
or
Classification:
Submitting Office: Kansas City

☐ Being Investigated

W. MARK

OFFICE OF DIRECTOR

FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE

November 18, 1974

9:42 AM

W. Mark Felt

SAC PAUL YOUNG, Kansas City,
called and advised as follows:

"Clarence,

Just in case somebody from Kansas City calls you on this, I thought you should know that this morning's Kansas City Times carried an article written by Kathy Patterson entitled, "Former FBI Man Denies Role in Watergate Leaks." This is a somewhat lengthy interview of Mark Felt by telephone at his home and Mark denies that he is "Deep Throat," the secret source who leaked inside Watergate information to two Washington reporters and he did not believe that Deep Throat ever existed. He thinks it was a literary thing that the reporters dreamed up. However, in connection with the Los Angeles Times story published yesterday re leaked documents to a New York Times reporter, Felt is intimating that if the FBI had any leaks, they had not been plugged up. He admits being interviewed by the FBI in connection with this but made no comment re results. A spokesman at FBI headquarters would neither confirm nor deny that Felt was being investigated. With regard to the accusation as Deep Throat, Felt stated, "I am disappointed in

MR. CALLAHAN

MR. JENKINS

MR. ADAMS

MR. BASSETT

MR. CLEVELAND

MR. DECKER

MR. GEBHARDT

MR. JACOBSON

MR. JAMIESON

MR. MCDERMOTT

MR. MARSHALL

MR. MINTZ

MR. THOMPSON

MR. WALSH

MR. WANNALL

MR. WHITE

MR. COLEMAN

MR. REED

TELE. ROOM

MRS. METCALF

1 - Mr. McDermott

1 - Tele Room

edm

CONTINUED

Clarence Kelley for even thinking I might have been."

I am sending the detailed article by telecopier for your information."

Paul Young"

DO-6

OFFICE OF DIRECTOR

FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE

MR. CALLAHAN _____

MR. JENKINS _____

MR. ADAMS _____

MR. BASSETT _____

MR. CLEVELAND _____

MR. DECKER _____

MR. GEBHARDT _____

MR. JACOBSON _____

MR. JAMIESON _____

MR. MCDERMOTT _____

MR. MARSHALL _____

MR. MINTZ _____

MR. THOMPSON _____

MR. WALSH _____

MR. WANNALL _____

MR. WHITE _____

MR. COLEMAN _____

MR. REED _____

TELE. ROOM _____

MRS. METCALF _____

W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030
November 21st, 1974

| | |
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| Dep.-A.D.-Inv. | <input checked="" type="checkbox"/> |
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| Ident. | <input checked="" type="checkbox"/> |
| Inspection | <input checked="" type="checkbox"/> |
| Intell. | <input checked="" type="checkbox"/> |
| Laboratory | <input checked="" type="checkbox"/> |
| Plan. & Eval. | <input checked="" type="checkbox"/> |
| Spec. Inv. | <input checked="" type="checkbox"/> |
| Training | <input checked="" type="checkbox"/> |
| Legal Coun. | <input checked="" type="checkbox"/> |
| Telephone Rm. | <input checked="" type="checkbox"/> |
| Director Sec'y | <input checked="" type="checkbox"/> |

PERSONAL

Dear Clarence,

This is to let you know how much I appreciate your defense of the FBI Counter Intelligence Programs and of the FBI personnel who participated in them. I am sure all present and former FBI personnel are equally appreciative.

Personally, I can't see any difference between repressing a planned bank robbery by a gang of hoodlums and repressing a planned act of violence by an extremist group.

Sincerely,

REC-143

| |
|-------------------------------|
| 67-276576-453 |
| Searched _____ Numbered _____ |
| 8 DEC 5 1974 |

Mark

EXP. PROC.

NOV 25 1974

#31
12-4

11-27-74

Jewell

DEC 9 1974

1 Xerox made + sent to Director 11-25-74 *edw*

Act. not necessary

THREE
llm

DO-6

OFFICE OF DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

November 18, 1974

The attached material was sent to the Director from an anonymous source in Pennsylvania. References are made to the FBI and former Acting Associate Director W. Mark Felt on page 10 of the attached November, 1974, issue of "The Thunderbolt."

gms

Inf

| | |
|---------------|-------------------------------------|
| MR. CALLAHAN | |
| MR. JENKINS | |
| MR. ADAMS | |
| MR. BASSETT | |
| MR. CLEVELAND | |
| MR. DECKER | |
| MR. GEEHART | <input checked="" type="checkbox"/> |
| MR. JACOBSON | |
| MR. JAMIESON | |
| MR. MCDERMOTT | |
| MR. MARSHALL | |
| MR. MINTZ | |
| MR. THOMPSON | |
| MR. WALSH | |
| MR. WANNALL | <i>Wannall</i> |
| MR. WHITE | |
| MR. COLEMAN | |
| MR. REED | |
| TELE. ROOM | |
| MRS. METCALF | |

b6
b7C

EX-105 REC-56

106-66733-2927

7 DEC 3 1974

b6
b7C

5-

REC'D. REC. UNIT

7 DEC 4 1974 59

ANONYMOUS COMMUNICATION
KEEP ENVELOPE ATTACHED

*07/10/1974
1/10/74*

UNITED STATES GOVERNMENT

Memorandum

b6
b7C

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir. _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

TO : MR. JENKINS

DATE:

FROM : J. J. MC DERMOTT

SUBJECT: [REDACTED]
"NEW YORK TIMES"

[REDACTED] called my office 9-24-74 and spoke to Quinn. He indicated that he had heard that the FBI was conducting investigation to identify "Deep Throat," to determine if former Acting Associate Director W. Mark Felt was, in fact, "Deep Throat" and to identify any leaks from the Bureau to newsmen [REDACTED]

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In this regard, [REDACTED] said that it was his understanding that this inquiry which was being conducted was not requested by the Special Prosecutor's office but that the FBI was keeping [REDACTED] office advised of developments.

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b7C

With respect to this investigation, [REDACTED] indicated that it was his understanding that SA [REDACTED] of the Washington Field Office is no longer assigned to the Watergate investigation but was assigned to conduct the investigation to identify "Deep Throat" and/or other leaks to newsmen relating to the Watergate matter.

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b7C

Following discussion with Deputy Associate Director Adams and Inspector [REDACTED] of the Inspection Division, [REDACTED] call was returned and he was advised that the FBI is making certain inquiries regarding leaks and that these inquiries are not being made at the request of the Special Prosecutor's office but the Special Prosecutor's office is aware of our inquiries.

b6
b7C

RECOMMENDATION:

ENCLOSURE For information.

1 - News Clipping
GTQ:asg

(5)

- 1 - Mr. Adams
- 1 - Mr. McDermott
- 1 - Mr. Bassett
- 1 - Mr. Gebhardt

REC-107

18 OCT 10 1974

7 OCT 15 1974

PERS. REC. UNIT

Asst. Dir. _____
 Dep. AD _____
 Dep. AD _____
 Asst. Dir. _____
 Admin. _____
 Comp. Syst. _____
 Ext. Affairs _____
 Files & Com. _____
 Gen. Inv. _____
 Ident. _____
 Inspection _____
 Intell. _____
 Laboratory _____
 Plan. & Eval. _____
 Spec. Inv. _____
 Training _____
 Legal Coun. _____
 Telephone Rm. _____
 Director _____

F.B.I. Seeks Sources of Watergate Press Leaks

Special to The New York Times

WASHINGTON, Sept. 25—

The Federal Bureau of Investigation is conducting an inquiry aimed at pinpointing the source of "leaks" of classified information from its Watergate files to newsmen, a bureau spokesman confirmed today.

He described the investigation, which reportedly has been under way for several months, as an internal inquiry begun by the F.B.I. Director, Clarence M. Kelley.

The spokesman also confirmed reports that the office of Leon Jaworski, the special Watergate prosecutor, was being kept advised of the progress of the investigation. But sources in Mr. Jaworski's office have given no indication of what action, if any, the prosecutor plans to take in the matter.

Other sources familiar with the investigation said that one of those recently questioned by F.B.I. agents was W. Mark Felt, who retired as the bureau's associate director in June, 1973, a year after the Watergate break-in that marked the F.B.I.'s entry into the bugging and burglary case and its subsequent cover-up.

Other former officials, including William D. Ruckelshaus, who served for two and a half months last year as the acting F.B.I. director, have also

been interviewed by agents working on the case, the sources said.

Neither Mr. Felt nor Mr. Ruckelshaus could be reached for comment on the investigation.

Mr. Felt has been mentioned as one candidate for the role of Deep Throat, the mysterious Government official who provided newsmen with background information on developments in the Watergate investi-

gation. The term was used by The Washington Post reporters Carl Bernstein and Bob Woodward.

But the F.B.I. is understood to be particularly interested in determining the source of disclosures of confidential information about the exploits of Donald H. Segretti, the convicted campaign "saboteur," and the wiretapping of Government officials and newsmen by the Nixon Administration.

The Washington Post _____
 Washington Star-News _____
 Daily News (New York) _____
 The New York Times 16 _____
 The Wall Street Journal _____
 The National Observer _____
 The Los Angeles Times _____

Date SEP 26 1974

ENCLOSURE

62-116260-33

Watergate Alleged Link to New York Times

August 5, 1974

MR. CALLAHAN:

W. Mark Felt

RE: LEAKS OF INFORMATION

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In connection with Mr. Kelley's request of 8/2/74 that Mark Felt's personnel file be reviewed for any information pertaining to his conversation with former Acting Director Ruckelshaus pertaining to Felt's leaking information to [redacted] of the New York Times, I have reviewed Felt's file and find no pertinent memoranda or other data concerning this event.

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There is in Felt's file a news clipping from the weekly newspaper "The News," University of New Haven, New Haven, Connecticut, dated 4/19/74 reporting Felt's speaking at the Student Center at this University. According to the article Felt claimed concerning the Watergate matter that "there was no cover-up inside the FBI," and according to the reporter, Felt attributed the exploitation of Watergate to the frustrations of FBI men which led to leakage to reporters such as [redacted]. The reporter continued that Felt commented this action led to the Washington Post which opened the matter further.

[redacted]
b6
b7C

REC 107

62-116260-30

OCT 10 1974

OCT 15 1974

PERS. REC. UNIT

UNITED STATES GOVERNMENT

Memorandum

TO : MR. CALLAHAN

DATE: July 31, 1974

FROM : H. N. BASSETT

SUBJECT: WATERGATE - ALLEGED LEAK TO NEW YORK TIMES
RE [REDACTED] MATTER

Assoc. Dir. _____
Dep. AD-Adm. _____
Dep. AD-Inv. _____
Asst. Dir. _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Insp. _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director's Sec'y _____

*See me 8/2 p.m.
at lunch. To
discuss this*

*Called all rather than
Bassett 8/2/74
Noted*

Reference is made to memorandum O. T. Jacobson to Mr. Callahan dated 6/20/74 as captioned (attached), setting forth results of interview conducted with W. Mark Felt who at the time of his retirement held the position of Acting Associate Director. The purpose of this interview, approved by the Director, was a follow-up to the inquiries we have been conducting into alleged leaks of Bureau information to [REDACTED] a reporter for the New York Times. Previous information was developed which indicated that [REDACTED] told [REDACTED] of Mr. Ruckelshaus' staff on a confidential basis that Felt had furnished him information.

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In connection with the submission of referenced memorandum, it was recommended that Mr. Ruckelshaus be reinterviewed by the Washington Field Office Agents who had conducted the interview with Mr. Felt.

Mr. Ruckelshaus was interviewed by Agents of Washington Field Office on 7/18/74 and results of the interview are set forth in the attached FD-302. According to the interviewing Agents, Mr. Ruckelshaus was very courteous to them but at the outset of the interview desired to know the purpose of the interview in view of the fact he had previously furnished information on 7/23/73 (to Mr. Kelley and Assistant Directors Gebhardt and Jacobson), regarding his confrontation with former Acting Associate Director Mark Felt in May, 1973, relative to the unauthorized release of information regarding the 17 wiretaps. The Agents explained to Mr. Ruckelshaus that an in-house investigation was being made by the Bureau pertaining to leaks of information from Bureau files and that some specific data was desired as to exactly what admissions had been made by Felt to him.

Ruckelshaus pointed out that when he talked to Felt the day before Felt submitted his request for retirement, Felt did not readily admit he had been in contact with [REDACTED] a reporter for the New York Times but eventually did so. Ruckelshaus explained that he became so agitated and upset with Felt

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b7C

Enclosures

1 - Mr. Gebhardt

1 - Mr. Mintz

JAC:bhg (4) memo H.N. Bassett
to Mr. Callahan
8/20/74 JAC/bhg

PERS. REC. UNIT

REC 107 CONTINUED - OVER

18 OCT 10 1974

7-116261-29
7-116261-29

Memorandum to Mr. Callahan
Re: Watergate - Alleged Leak to New York Times

that he decided to delay any action until he had thought the matter over thoroughly. The next day, Felt informed him that he was going to retire; therefore, Ruckelshaus believed that further administrative or criminal action against Felt would serve no useful purpose and, in fact, would possibly bring discredit to the Bureau. He believed that Felt, who had served over 30 years in the Bureau and had ambitions of becoming the Director of the FBI, had sacrificed a great deal when he offered to retire. Ruckelshaus said that at the time he was the Chief Law Enforcement Officer in the United States and as Director of the FBI had the authority to make the determination that no further action should be taken against Felt. He indicated that he had an unspoken understanding with Felt that no further action would be taken in this matter because of Felt's retirement and he did not want to renege on his word. Therefore, he was reluctant to furnish any information at this time to Washington Field Office Agents but first wanted to be certain that the Director was fully aware of his actions in this matter and desired the Director get in touch with him so that he could discuss this matter with him; thereafter, he would furnish full particulars to the Washington Field Office Agents. Ruckelshaus was assured by the interviewing Agents that the Director is fully cognizant of all the facts developed during the Bureau's investigation and particularly his contact with Felt. Nevertheless, Ruckelshaus said that he desired the Director to contact him so that he may discuss with Mr. Kelley his feelings about possible further action against Felt.

According to the interviewing Agents, Mr. Ruckelshaus was leaving the area on the following day, 7/19/74, for a three-week vacation and upon completion of his vacation would be away from his office in Washington, D. C., an additional week on official business. Accordingly, Mr. Ruckelshaus will not be available until 8/19/74.

OBSERVATIONS

While Mr. Ruckelshaus has indicated to the interviewing Agents that he was reluctant to furnish any additional information at this time without having a personal discussion with Mr. Kelley, it does appear logical that while Mr. Ruckelshaus is away on vacation and business for a month we should give consideration to interviewing [redacted] reportedly employed [redacted]. It is noted that [redacted] implicating Felt and as he has not been interviewed by us, it would appear we have nothing to lose and everything to gain.

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Memorandum to Mr. Callahan
Re: Watergate - Alleged Leak to New York Times

A second course of action would be to close our inquiry in view of the reluctance of Mr. Ruckelshaus to furnish any additional information other than that he furnished to the Director, Mr. Gebhardt and Mr. Jacobson in July, 1973. To do so, however, would still leave us up in the air as to the identity of the individual or individuals responsible for leaking confidential FBI information and material and it would appear we would be hard pressed to satisfactorily answer any question that could conceivably arise in the future as to what action the FBI has taken concerning leaks of information, which allegations have been placed in the public domain through the press.

RECOMMENDED ACTION

1. That Agents of Washington Field Office who are fully familiar with this inquiry be instructed to interview [redacted] at [redacted] (Mr. Ruckelshaus interposed no objection to our interviewing [redacted])

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OKy

2. If the [redacted] interview is approved, the results will be furnished to the Director to assist him in formulating his decision as to whether he should contact Mr. Ruckelshaus concerning our interest in having him interviewed in depth concerning the [redacted] - Felt allegation.

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OKy [signature] [signature] [signature] [signature]

b6
b7C

SA [redacted] WFO orally advised of item #1 approval by Director and will handle & advise. 8/5/74 jmc

7
✓
REC-151

July 3, 1974

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

Dear Mark:

I am responding to your letter of June 20, 1974. I do not think that the interview with you has any significance other than that it was felt for us to round out this investigation it would be necessary to interview you. I always try to keep in sight human considerations as you mentioned them, but having served so long in the Bureau, I am sure you understand that also we are committed to the conduct of very thorough and probative investigations.

I am sure that some of the recent news articles concerning "Deep Throat" are very disturbing to you, and I hope that your experiences in this do not make you feel that you are being singled out for particular attention without any basis whatsoever for the inquiry. A number of our people are being interviewed and we are only trying to do our job as we see it.

Please give my regards to Audrey and the best of luck to you.

SENT FROM D. O.
TIME 3:55 PM
DATE 7/3/74
BY ph

Sincerely,

/s/ Clarence

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

CMK:EDM (3)

7 OCT 16 1974

18 OCT 16 1974

MAIL ROOM ☐

TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

TO : MR. WALSH

DATE: 12-9-74

FROM : R. G. HUNSINGER

SUBJECT: W. MARK FELT
FORMER ACTING ASSOCIATE DIRECTOR
EOD 1-26-42, RETIRED 6-22-73
HEARING LOSS CLAIM

By letters dated 11-29-74, Felt forwarded to the Bureau a copy of his letter to [redacted] Office of Federal Employees' Compensation (OFE), enclosing compensation forms CA-1&2 and CA-4, claiming a hearing loss. Felt has requested the Bureau execute portions of these forms.

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The Safety Officer has now executed reverse side of CA-1&2 and CA-4, which is non-committal. The receipt of these forms establishes a claim for Felt. OFEC will subsequently submit their usual request for noise level test, a statement concerning Felt's exposure to firearms during his Bureau career, and results of his annual physical examinations.

RECOMMENDATION:

That the attached letter, forwarding executed portions of forms CA-1&2 and CA-4, be forwarded to [redacted] Branch of Claims, Office of Federal Employees' Compensation, Washington, D. C.

Enclosure

GWG/sls
(2)

2
JAN 31 1975
58

December 16, 1974

b6
b7C

Office of Federal Employees' Compensation
United States Department of Labor
Washington, D. C. 20211

Your File No. **A25-56977**
Date of Injury **Unknown**

W. Mark Felt
(Name)

b6
b7C

Dear [redacted]

☒ Reference is made to your letter dated December 11, 1974

☐ Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the above-named employees of this Bureau.

☐ CA-1 ☐ CA-2 ☐ ☐ ☐

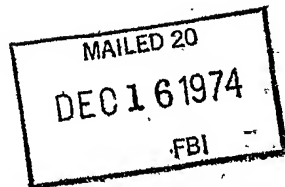
☒ The desired information is being obtained and will be furnished to your agency within the near future.

☐ The following information is enclosed:

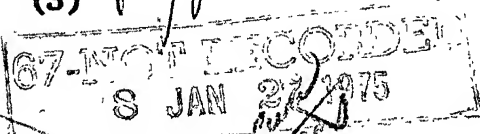
Very truly yours,

Clarence M. Kelley
Clarence M. Kelley
Director

Enc. (0)



JGC
(3)



MAIL ROOM ☒ TELETYPE UNIT ☐

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION

Office of Workers' Compensation Programs
December 11, 1974

Washington, D.C. 20211

File No: A25-56977
Date of Injury: Pr. 11-5-74
Employee: W. Mark Felt



Personnel Officer
Department of Justice
Federal Bureau of Investigation
Washington, D. C. 20535

We have received notice from the above-named employee alleging that he/she has sustained hearing loss due to exposure to hazardous noise at your establishment. To make a determination in the case, we need the information below as noted by check mark.

- ☒ 1. A detailed and chronological description of the type of work performed by the employee and his/her exposure to hazardous noise at your establishment:
- a. Locations or job sites where exposed;
 - b. Decibel level of noise with copy of noise survey report covering each location where the employee worked; and
 - c. Period of exposure, hours per day, days per week.
- ☒ 2. Copy of employee's job sheet, and employment record.
- ☒ 3. Copies of all prior medical examinations pertaining to hearing or ear problems, to include audiograms, if such tests were made.
- ☒ 4. If employee has been removed from hazardous noise area, give date of last exposure and his/her pay rate in effect on that date.
- ☒ 5. Advise if employees at your establishment are advised of their responsibility to file written notice of injury immediately upon realizing a possible relationship between their injury (in this case hearing loss) and the conditions of their employment. In what manner are employees advised of this responsibility. Complete employer's portion of enclosed form CA-1&2 & CA-4.

Prompt submission of the above information will be appreciated.

Sincerely,

(Actg.)

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Va. 22030

TMM/bjs

Ltr. CA-1054T
Rev. Sept. 1974

Include your address, ZIP code, and file number on all correspondence

OFFICE OF WORKER'S COMPENSATION PROGRAMS
U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION

~~OFFICE OF FEDERAL EMPLOYEES' COMPENSATION~~

666-11th Street, N.W.—Room 420

December 11, 1974

Washington, D.C. 20211

FILE NO: A25-56977

INJ: Pr. 11-5-74



Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Va. 22030

Dear Mr. Felt,

It is noted that you retired from the Federal Bureau of Investigation on June 19, 1974 yet did not file written notice of injury and claim for compensation for your hearing loss until November 5, 1974.

The Federal Employees' Compensation Act provides that compensation benefits cannot be authorized unless written notice of injury and claim for compensation is filed within one year from the date of injury.

We may waive the failure to give written notice of injury or to file claim for compensation within the one-year period if claim is filed within five years after the injury, and (1) it is found that such failure was due to circumstances beyond the control of the person claiming benefits, OR (2) that such person has shown sufficient cause or reason in explanation thereof, AND material prejudice to the interest of the United States has not resulted from such failure.

In view of the above stated provisions of the law and since this injury occurred more than one year before written notice and claim were filed it will be necessary for you to submit a detailed explanation of the reason for your failure to file.

Sincerely,

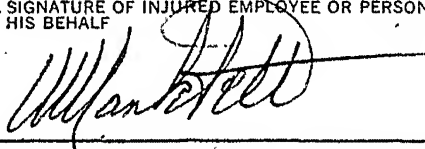
Thomas M. Markey
Actg. Supervisory Claims Examiner

CC:
Personnel Officer
Department of Justice
Federal Bureau of Investigation
Washington, D. C. 20535

ENCLOSURE

3/20

CONTACT NOV 21 Rec

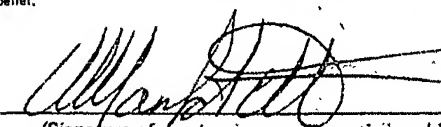
| | | | |
|--|--|--|--|
| U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION OFFICE OF FEDERAL EMPLOYEES' COMPENSATION | | FEDERAL EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE | |
| 1. NAME OF INJURED EMPLOYEE (Last, first, middle) Felt, W. Mark | | 2. DATE OF BIRTH (Mo., day, year) 8/17/13 | 3. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| 4. SOCIAL SECURITY NUMBER 511-46-0048 | | 5. HOME MAILING ADDRESS (Number, street, city, state, zip code) 3216 Wynford Drive, Fairfax, Virginia 22030 | |
| 6. HOME TELEPHONE AREA CODE 703 | | 6. HOME TELEPHONE NUMBER 560-3216 | |
| 7. NAME AND ADDRESS OF EMPLOYING ESTABLISHMENT (Name, number, street, city, state, zip code) Federal Bureau of Investigation, Washington, D. C. 20535 | | | |
| 8. PLACE WHERE INJURY OCCURRED (e.g., 2nd floor, building 402, Andrews Air Force Base) Quantico, Virginia and various locations in Washington State. | | | |
| 9. DATE AND HOUR OF INJURY (Mo., day, year) See item #12 | <input type="checkbox"/> AM <input type="checkbox"/> PM | 10. DATE OF THIS NOTICE (Mo., day, year) November 5, 1974 | 11. OCCUPATION Lecturer - Consultant |
| 12. CAUSE OF INJURY (Describe how and why injury occurred) Participation in firearms training while an FBI Agent has caused permanent and irremedial damage to my auditory nerves. This has resulted in a marked hearing deficiency and a severe and constant ringing in both ears. Prior to this firearms training I had no (See attached sheet) | | | |
| 13. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.) Damage to auditory nerves. | | | |
| 14. NAMES OF WITNESSES TO INJURY (If none, so state) All those agents in my FBI Training Class and all those Agents and Police Officers whom I trained in firearms. | | | |
| 15. IF THIS NOTICE WAS NOT GIVEN WITHIN 48 HOURS AFTER THE INJURY, EXPLAIN REASON FOR DELAY. IF EARLIER NOTICE WAS GIVEN VERBAL OR WRITTEN, STATE WHEN AND TO WHOM. This was a gradual and cumulative injury over a period of several years. I did not make any written report of injury for this reason. (See attached sheet) | | | |
| I certify that the injury described above was sustained in the performance of my duties as an employee of the U.S. Government and that it was not caused by my willful misconduct, intention to bring about the injury or death of myself, or another, nor by my intoxication. I hereby make claim for compensation and medical treatment to which I may be entitled by reason of this injury. | | 16. SIGNATURE OF INJURED EMPLOYEE OR PERSON ACTING ON HIS BEHALF  | |
| 17. STATEMENT OF WITNESS: DESCRIBE WHAT YOU SAW, HEARD OR KNOW ABOUT THIS INJURY | | | |
| 18. SIGNATURE OF WITNESS | | 19. DATE (Mo., day, year) | |

CLOSURE

CA-1 & 2

Rev. May, 1973

CONTACT NOV 25 1974

| | | | |
|---|--------------|--|--|
| U. S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION BUREAU OF EMPLOYEES' COMPENSATION | | CLAIM FOR COMPENSATION ON ACCOUNT OF INJURY OR OCCUPATIONAL DISEASE | |
| 1. NAME OF INJURED EMPLOYEE (Last, first, middle) W. Mark Felt | | 2. HOME MAILING ADDRESS (Number, street, city, state, zip code) 3216 Wynford Drive Fairfax, Virginia 22030 | |
| 3. DATE AND HOUR OF INJURY (Mo., day, year) See item #12 Form CA - 1 & 2 | | 4. PERIOD COMPENSATION IS CLAIMED AS A RESULT OF PAY LOSS (Mo., day, year) FROM 1/1/43 TO Date | |
| 5. HAS ANY PAY BEEN RECEIVED FOR THE PERIOD SHOWN IN ITEM 4? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE FULL AMOUNT AND SHOW INCLUSIVE DATES DURING WHICH PAY WAS RECEIVED (Mo., day, year) Regular salary and retirement since June 19th, 1973 | | | |
| 6. HAS CLAIM BEEN MADE AGAINST ANY THIRD PARTY FOR DAMAGES AS A RESULT OF THIS INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, FURNISH → | | A. NAME AND ADDRESS OF THIRD PARTY B. AMOUNT OF RECOVERY | |
| 7. WERE YOU EVER IN THE ARMED FORCES OF THE UNITED STATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, FURNISH → | | A. SERVICE NUMBER B. BRANCH OF SERVICE C. PERIOD OF SERVICE FROM THROUGH | |
| 8. IF ANSWER TO 7 IS YES, HAVE YOU APPLIED FOR OR RECEIVED COMPENSATION OR PENSION, INCLUDING RETIREMENT OR RETAINER PAY, BASED ON SUCH SERVICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, FURNISH → | | A. CLAIM NUMBER B. NAME AND ADDRESS OF OFFICE WHERE CLAIM IS FILED C. NATURE OF DISABILITY AND MONTHLY PAYMENT RECEIVED | |
| 9. HAVE YOU APPLIED FOR OR RECEIVED AN ANNUITY UNDER THE U.S. CIVIL SERVICE RETIREMENT ACT OR ANY OTHER FEDERAL RETIREMENT OR DISABILITY LAW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FURNISH → | | A. CLAIM NUMBER CSA 151 3643 B. DATE ANNUITY BEGAN (Mo., day, year) June 19th, 1973 C. AMOUNT OF MONTHLY PAYMENT \$2363.37 | |
| 10. LIST YOUR DEPENDENTS (If none so state) | | | |
| NAME | RELATIONSHIP | DATE OF BIRTH | IS DEPENDENT LIVING WITH YOU? YES NO |
| Audrey R. Felt | Wife | 3/1/15 | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | | |
| | | | |
| | | | |
| | | | |
| 11. FOR DEPENDENTS NOT LIVING WITH YOU, SHOW AMOUNTS THAT YOU PAY FOR THEIR SUPPORT, TO WHOM PAID, AND PAYEE'S ADDRESS. STATE WHETHER SUCH PAYMENTS WERE ORDERED BY A COURT. N.A. | | | |
| 12. I hereby make claim for compensation on account of the injury described above, which was sustained by me while in the performance of my duty for the United States, said injury not being due to willful misconduct on my part or to my intention to bring about the injury or death of myself or another, or to my intoxication. I have been disabled on account of this injury and have not refused or failed to perform any work I was able to do during the period for which compensation is claimed and every statement set forth above in support of my claim is true to the best of my knowledge and belief. | | | |
|  (Signature of employee or person acting on his behalf) | | 11-25-74 (Date) | |

ENCLOSURE

CA-4
 Rev. July 1970

December 10, 1974

Mr. Joseph A. Gallant
 Branch of Claims
 Office of Federal Employees' Compensation
 United States Department of Labor
 Washington, D. C. 20211

Your File No.
 Date of Injury

W. Mark Felt
 (Name)

Dear Mr. Gallant:

- ☐ Reference is made to your letter dated _____
- ☒ Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the above-named employees of this Bureau.

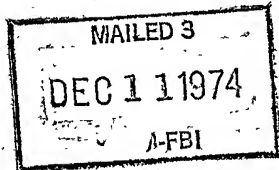
☒ CA-1 ☒ CA-2 ☒ CA-4 ☐ ☐

- ☐ The desired information is being obtained and will be furnished to your agency within the near future.
- ☐ The following information is enclosed:

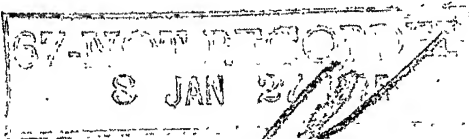
Very truly yours,

Clarence M. Kelley
 Clarence M. Kelley
 Director

Enc. (2)



sls
 (3)



MAIL ROOM ☐

TELETYPE UNIT ☐

PLEASE DO NOT MUTILATE THIS MATERIAL IN ANY WAY

W. MARK FELT

Name

Let to OFEC

12-10-74

pl

Material sent to

☒ OFEC ☐ File

12-10-74

Date

sls

pl

2/12

3-518 (Rev. 11-17-72)

ENCLOSURE

DOJ/FBI

OFFICIAL SUPERIOR'S REPORT OF INJURY OR OCCUPATIONAL DISEASE

20. DEPARTMENT OR AGENCY

Justice Department

21. BUREAU OR OFFICE

Federal Bureau of Investigation

22. NAME AND MAILING ADDRESS OF REPORTING OFFICE (Name, number, street, city, state, zip code)

9th and Pa. Avenue, N. W., Washington, D. C. 20535

23. DATE REPORTING OFFICE RECEIVED NOTICE OF INJURY (Mo., day, year)

12-3-74

☐ VERBAL

☒ WRITTEN

24. NAME OF SUPERVISOR IN CHARGE WHEN INJURY OCCURRED

unknown

25. NAME AND TITLE OF PERSON TO WHOM NOTICE FIRST GIVEN

**Clarence M. Kelley
Director -- FBI**

26. DATE AND HOUR OF INJURY (Mo., day, year)

unknown

☐ AM

☐ PM

27. CIRCLE DAY OF WEEK WHEN INJURY OCCURRED

S **unknown** T F S

28. HOUR REGULAR WORK BEGINS

retired 6-22-73

☐ AM

☐ PM

29. HOUR REGULAR WORK ENDS

retired

☐ AM

☐ PM

30. NUMBER HOURS WORKED PER DAY

retired

31. CIRCLE DAYS PAID PER WEEK

S **retired** T W T F S

32. DATE AND HOUR STOPPED WORK (Mo., day, year)

NA

☐ AM

☐ PM

33. DATE AND HOUR PAY STOPPED (Mo., day, year)

NA

☐ AM

☐ PM

34. DATE AND HOUR RETURNED TO WORK (Mo., day, year)

NA

☐ AM

☐ PM

35. INCLUSIVE DATES EMPLOYEE RECEIVED PAY FOR THE PERIOD HE DID NOT WORK (Mo., day, year)

NA

ANNUAL LEAVE
FROM TO
FROM TO
FROM TO

SICK LEAVE
FROM TO
FROM TO
FROM TO

OTHER
FROM TO
FROM TO
FROM TO

36. WAS THE EMPLOYEE ENGAGED IN HIS USUAL OCCUPATION AT THE TIME THE INJURY OCCURRED?

☐ YES ☐ NO IF NO, FURNISH DETAILED EXPLANATION

Unknown

37. WAS THE EMPLOYEE IN PERFORMANCE OF DUTY AT TIME OF INJURY? ☐ YES ☐ NO IF NO, FURNISH DETAILED EXPLANATION OR A COPY OF THE EMPLOYING ESTABLISHMENT'S INVESTIGATION REPORT

Unknown

38. WAS THE INJURY CAUSED BY WILLFUL MISCONDUCT, INTOXICATION OR INTENT TO BRING ABOUT INJURY TO SELF OR ANOTHER? ☐ YES ☐ NO IF YES, FURNISH DETAILED EXPLANATION

Unknown

39. WAS THE INJURY CAUSED BY A THIRD PARTY? ☐ YES ☐ NO IF YES, FURNISH NAME AND ADDRESS OF RESPONSIBLE PARTY

Unknown

40. DATE EMPLOYEE FIRST OBTAINED MEDICAL CARE FOR THE INJURY (Mo., day, year)

Unknown

41. NAME AND ADDRESS OF FIRST ATTENDING PHYSICIAN

Unknown

42. DOES YOUR KNOWLEDGE OF THE FACTS ABOUT THIS INJURY AGREE WITH THE STATEMENTS OF THE EMPLOYEE AND/OR WITNESS? ☐ YES ☐ NO IF NO, FURNISH DETAILED EXPLANATION

This Agency was unaware of any hearing loss until written notice was received.

44. TITLE **Safety Officer -
Personnel Section**

45. DATE (Mo., day, year)

12-9-74

b6
b7C

CA-1 & 2
Rev. May, 1973

| U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION OFFICE OF FEDERAL EMPLOYEES' COMPENSATION | | FEDERAL EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE | |
|--|--|--|------------------------------------|
| 1. NAME OF INJURED EMPLOYEE (Last, first, middle) | 2. DATE OF BIRTH (Mo., day, year) | 3. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 4. SOCIAL SECURITY NUMBER |
| 5. HOME MAILING ADDRESS (Number, street, city, state, zip code) | | | 6. HOME TELEPHONE AREA CODE NUMBER |
| 7. NAME AND ADDRESS OF EMPLOYING ESTABLISHMENT (Name, number, street, city, state, zip code) | | | |
| 8. PLACE WHERE INJURY OCCURRED (e.g., 2nd floor, building 402, Andrews Air Force Base) | | | |
| 9. DATE AND HOUR OF INJURY (Mo., day, year) <div style="text-align: right;"><input type="checkbox"/> AM <input type="checkbox"/> PM</div> | 10. DATE OF THIS NOTICE (Mo., day, year) | 11. OCCUPATION | |
| 12. CAUSE OF INJURY (Describe how and why injury occurred) | | | |
| | | | |
| 13. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.) | | | |
| | | | |
| 14. NAMES OF WITNESSES TO INJURY (If none, so state) | | | |
| | | | |
| 15. IF THIS NOTICE WAS NOT GIVEN WITHIN 48 HOURS AFTER THE INJURY, EXPLAIN REASON FOR DELAY. IF EARLIER NOTICE WAS GIVEN VERBAL OR WRITTEN, STATE WHEN AND TO WHOM. | | | |
| | | | |
| I certify that the injury described above was sustained in the performance of my duties as an employee of the U.S. Government and that it was not caused by my willful misconduct, intention to bring about the injury or death of myself, or another, nor by my intoxication. I hereby make claim for compensation and medical treatment to which I may be entitled by reason of this injury. | 16. SIGNATURE OF INJURED EMPLOYEE OR PERSON ACTING ON HIS BEHALF | | |
| 17. STATEMENT OF WITNESS: DESCRIBE WHAT YOU SAW, HEARD OR KNOW ABOUT THIS INJURY | | | |
| | | | |
| 18. SIGNATURE OF WITNESS | | | 19. DATE (Mo., day, year) |
| | | | |

STATEMENT OF OFFICIAL SUPERIOR

13. NAME AND MAILING ADDRESS OF REPORTING OFFICE (Name, number, street, city, state, zip code)

Federal Bureau of Investigation, Wash, D. C.

14. DATE AND HOUR PAY STOPPED

(Mo, day, year)

did not

☐ AM

☐ PM

15. PAY RATE AS OF:

BASE PAY

SUBSISTENCE

QUARTERS

A. DATE OF INJURY **Unknown** S PER S PER S PER

B. DATE EMPLOYEE STOPPED WORK S PER S PER S PER

C. DATE OF RECURRENCE (if any) S PER S PER S PER

16. IF EMPLOYEE RECEIVES OTHER ADDITIONAL PAY, SUCH AS PREMIUM, SUNDAY, OR NIGHT DIFFERENTIAL. IDENTIFY TYPE AND SHOW AMOUNT.

TYPE S PER

17. SHOW WORKWEEK AT TIME PAY STOPPED IF OTHER THAN MONDAY THROUGH FRIDAY

S M T W T F S

18. SHOW INCLUSIVE DATES EMPLOYEE RECEIVED PAY FOR ANY PART OF THE PERIOD SHOWN IN-4 ON THE FRONT OF THIS FORM

ANNUAL LEAVE: **Did not stop**

FROM TO FROM TO FROM TO OTHER

19. DID THE EMPLOYEE WORK IN THE POSITION HELD AT THE TIME OF INJURY FOR A FULL ELEVEN MONTHS IMMEDIATELY PRIOR TO THE INJURY? ☐ YES ☐ NO

Unknown as injury date unknown

20. IF ANSWER TO 19 IS NO, WOULD THE POSITION HAVE AFFORDED EMPLOYMENT FOR ELEVEN MONTHS EXCEPT FOR THE INJURY? ☐ YES ☐ NO

21. HEALTH BENEFIT SUBSCRIPTIONS

A. WAS EMPLOYEE ENROLLED IN A HEALTH BENEFITS PLAN ON DATE PAY STOPPED? ☐ YES ☐ NO

B. IF ANSWER TO A IS YES, FURNISH ENROLLMENT CODE NUMBER

Unknown

C. IF ANSWER TO A IS YES, SHOW ENDING DATE OF PAY PERIOD THROUGH WHICH DEDUCTIONS WERE LAST MADE (Mo, day, year)

22. FEDERAL EMPLOYEE'S OPTIONAL GROUP LIFE INSURANCE

A. WAS EMPLOYEE ENROLLED IN OPTIONAL INSURANCE ON DATE OF INJURY? ☐ YES ☐ NO

B. IF ANSWER TO A IS YES, FURNISH ENROLLMENT CODE NUMBER

Unknown

C. IF ANSWER TO A IS YES, SHOW ENDING DATE OF PAY PERIOD THROUGH WHICH DEDUCTIONS WERE LAST MADE (Mo, day, year)

23. (check one)

☐ EMPLOYEE HAS NOT RETURNED TO WORK

Retired 6-22-73

☐ EMPLOYEE HAS RETURNED TO WORK (if this box is checked complete items 24 through 27)

24. DATE AND HOUR RETURNED TO WORK

(Mo, day, year)

N.A.

☐ AM

☐ PM

25. SHOW EMPLOYEE'S WORKWEEK ON RETURN TO DUTY IF OTHER THAN MONDAY THROUGH FRIDAY

N. A.

S M T W T F S

26. SHOW EMPLOYEE'S RATE OF PAY ON RETURN TO DUTY

N. A.

BASE PAY

SUBSISTENCE

QUARTERS

OTHER

\$ PER \$ PER \$ PER \$ PER

27. DID THE RESULTS OF THE INJURY REQUIRE A CHANGE IN THE EMPLOYEE'S WORK ASSIGNMENT ON RETURN TO DUTY?

N. A.
☐ YES ☐ NO (if yes, complete A)

A. DESCRIBE TYPE OF WORK EMPLOYEE IS NOW PERFORMING

Unknown

28. I HEREBY CERTIFY THAT THE EMPLOYEE WHO COMPLETED THE CLAIM FOR COMPENSATION ON THE FRONT OF THIS FORM WAS INJURED IN PERFORMANCE OF HIS DUTIES FOR THE UNITED STATES. INFORMATION FURNISHED BY THE EMPLOYEE IS TRUE AND CORRECT WITH THE FOLLOWING EXCEPTIONS.

Unable to verify as was unaware of any hearing loss.

TITLE **Safety Officer -**
Personnel Section

31. DATE (Mo, day, year)

12-9-74

b6
b7C

CA-4
Rev. July, 1970

**CLAIM FOR COMPENSATION ON ACCOUNT OF INJURY
OR OCCUPATIONAL DISEASE**

CA-4
Rev. July 1970

W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

November 29th, 1974

Hon. Clarence M. Kelley, Director
Federal Bureau of Investigation
Washington, D. C.

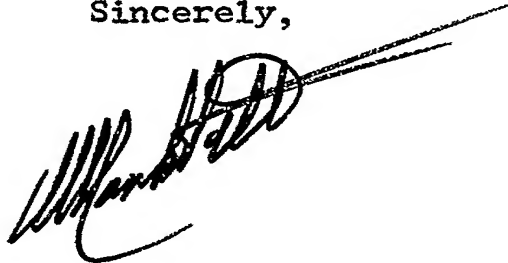
Attention Administrative Division

Dear Sirs,

b6
b7C

With my letter to you of November 29th,
I inadvertantly left out a copy of my letter to
Mr. Joseph A. Gallant dated November 25th, 1974.

Sincerely,



67-NOT RECORDED-8

b6
b7C

ENCLOSURE
detached and
added to 1st
letter 11-29

Let to OFFC
w/ CA 1+2 +4
reverse sides
12-10-74/ela



139
8 JAN 7 1975

W. MARK FELT
3216 WYNFORD DRIVE
FAIRFAX, VIRGINIA 22030

November 29th, 1974

*copy Mr. Linsky
copy Miss Goode*

Hon. Clarence M. Kelley, Director
Federal Bureau of Investigation
Washington, D. C.

Attention: Administrative Division

Dear Mr. Kelley:

Enclosed are copies of my letter dated November 25th, 1974, to the Branch of Claims, Office of Federal Employees' Compensation and the enclosures relating to my claim for compensation for permanent and irremedial damage to my auditory nerves while employed as an FBI Agent.

Please execute and forward to Mr. Joseph A. Gallant, Chief of the Branch of Claims, the required statement of the Official Superior. Also to expedite my claim please send Mr. Gallant a detailed and chronological description of the type of work I performed and my exposure to hazardous noise. Please set forth in detail the duties which I performed as a Firearms Expert and Firearms Instructor. Mr. Gallant will also need copies of all those physical examinations wherein I was afforded an Audiometer Examination.

REC-136

Thank you for your cooperation.

Sincerely,

| | |
|------------------|----------|
| 67-276376-455 | |
| Searched | Numbered |
| 3 JAN 27 1975 58 | |

b6
b7C

W. Mark Felt

5 ENCLOSURE

*Let to OFEC
w/ reverse sides of
CA 142 **
12-10-74/ala*

2 JAN 31 1975 58

3/10/75

November 25, 1974

Mr. Joseph A. Gallant, Chief
Branch of Claims
Office of Federal Employees' Compensation
666 11th Street, N. W.
Washington, D. C.

Re: Claim for compensation
for loss of hearing - W.
Mark Felt, former Acting
Associate Director
Federal Bureau of Investigation

Dear Mr. Gallant:

This letter is to present my claim for compensation because of hearing loss and permanent and irremedial damage to my auditory nerves while employed by the Federal Bureau of Investigation.

Enclosed in support of my claim for compensation are Forms CA 1 & 2 and CA 4. In lieu of Form CA 20 I am submitting the original of a letter to me dated October 16, 1974, by [redacted] 2141 K St., N. W., Washington, D. C., a prominent hearing specialist, and the Audiological Record of my examination in [redacted] office. [redacted] pointed out that his tests reveal that I have suffered high frequency loss of sufficient degree to create difficulties in discrimination ability in background noises. He is of the opinion that the high frequency hearing loss is due to weapons firing exposure.

b6
b7C

Participation in firearms training while an FBI Agent has resulted in a marked hearing deficiency and a severe and constant ringing in both ears. I first noticed the ringing in my ears while receiving firearms training at Quantico, Virginia, at the FBI Range. This was particularly noticeable after firing the rifle under the covered deck of the rifle range. Subsequently, my participation in firearms training was far more than average for the reason that while stationed at Seattle, Washington, during the late forties and early fifties, I was trained and qualified as a Firearms Expert. This was to qualify me as a Firearms Instructor.

My training as a Firearms Expert took place at Quantico, Virginia, for a period of two weeks. I assisted in conducting firearms training for new Agents, "In-Service" classes for Agents, and I was exposed to thousands of rounds of gunfire from pistol, rifle, shotgun, and sub-machine gun. After completing this training, which I did not request, I took over full responsibility for personally supervising and directing all firearms training for FBI Agents stationed in the Seattle Field Division. In addition, my services were frequently made available to local law enforcement agencies in the State of Washington to personally direct and conduct firearms training courses for police and sheriff's deputies.

27-276576-455
ENCLOSURE

Item #12 (Continued)

hearing problems or hearing deficiency of any sort.

I first noticed the ringing in my ears while receiving firearms training at Quantico, Virginia, at the FBI Range. This was particularly noticeable after firing the rifle on the covered deck on the rifle range. Subsequently my participation in firearms training was far more than average for the reason that while stationed at Seattle, Washington, during the late forties and early fifties, I was trained and qualified as a Firearms Instructor. I did not request this assignment in which I took over full responsibility for personally supervising and directing all firearms training for FBI Agents stationed in the Seattle Field Division. In addition, my services were frequently made available to local law enforcement agencies in the State of Washington to personally direct and conduct firearms training courses for police and Sheriff's deputies.

Beginning in training school at Quantico, my ears would ring after firearms training. During the time that I functioned as a firearms instructor the ringing gradually increased until it became continuous as it has been ever since. During this period I also began experiencing difficulty following conversations when any background noise was present. Both of these conditions have become progressively worse through the years.

For many years the FBI recommended and provided cotton to place in the ears during firearms training. During the middle fifties, after my duties as a firearms instructor, vaseline was provided to impregnate the cotton before placing it in the ears. Furthermore, firearms instructors are now provided with professional type sound suppressors to place over their ears.

67-276576-455

W. Mark Felt

Form CA-1 & 2 Continued

Item #15 (Continued)

Also during my FBI career subsequent to Seattle I was assigned to desk work and while the handicap bothered me it did not seriously interfere with my work. The FBI is aware of my hearing deficiency in that it was recorded during those annual physical examinations when an audiometer was used.

It has only been since my retirement when I have become self employed as a lecturer and consultant, that the extent of my handicap has become apparent. I have been greatly limited in hearing questions from the audiences after lectures and at seminar discussions on college campuses. As a consultant, I have been at a disadvantage in group discussions and oral presentations where I have not been able to participate with maximum effectiveness. I am a Member of the Bar and the hearing deficiency will make it very difficult for me to function with full effectiveness as a lawyer.

| | | | |
|---|--|--|--|
| U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION OFFICE OF FEDERAL EMPLOYEES' COMPENSATION | | FEDERAL EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE | |
| 1. NAME OF INJURED EMPLOYEE (Last, first, middle) Felt, W. Mark | | 2. DATE OF BIRTH (Mo., day, year) 8/17/13 | 3. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| | | 4. SOCIAL SECURITY NUMBER 511-46-0048 | |
| 5. HOME MAILING ADDRESS (Number, street, city, state, zip code) 3216 Wynford Drive, Fairfax, Virginia 22030 | | 6. HOME TELEPHONE AREA CODE 703 NUMBER 560-3216 | |
| 7. NAME AND ADDRESS OF EMPLOYING ESTABLISHMENT (Name, number, street, city, state, zip code) Federal Bureau of Investigation, Washington, D. C. 20535 | | | |
| 8. PLACE WHERE INJURY OCCURRED (e.g., 2nd floor, building 402, Andrews Air Force Base) Quantico, Virginia and various locations in Washington State. | | | |
| 9. DATE AND HOUR OF INJURY (Mo., day, year) See item #12 | <input type="checkbox"/> AM <input type="checkbox"/> PM | 10. DATE OF THIS NOTICE (Mo., day, year) November 5, 1974 | 11. OCCUPATION Lecturer - Consultant |
| 12. CAUSE OF INJURY (Describe how and why injury occurred) <u>Participation in firearms training while an FBI Agent has caused</u> <u>permanent and irremedial damage to my auditory nerves. This has</u> <u>resulted in a marked hearing deficiency and a severe and constant</u> <u>ringing in both ears. Prior to this firearms training I had no</u> <u>(See attached sheet)</u> | | | |
| 13. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.) <u>Damage to auditory nerves.</u> | | | |
| 14. NAMES OF WITNESSES TO INJURY (If none, so state) <u>All those agents in my FBI Training Class and all those Agents and</u> <u>Police Officers whom I trained in firearms.</u> | | | |
| 15. IF THIS NOTICE WAS NOT GIVEN WITHIN 48 HOURS AFTER THE INJURY, EXPLAIN REASON FOR DELAY. IF EARLIER NOTICE WAS GIVEN VERBAL OR WRITTEN, STATE WHEN AND TO WHOM. <u>This was a gradual and cumulative injury over a period of several</u> <u>years. I did not make any written report of injury for this reason.</u> <u>(See attached sheet).</u> | | | |
| I certify that the injury described above was sustained in the performance of my duties as an employee of the U.S. Government and that it was not caused by my willful misconduct, intention to bring about the injury or death of myself, or another, nor by my intoxication. I hereby make claim for compensation and medical treatment to which I may be entitled by reason of this injury. | | 16. SIGNATURE OF INJURED EMPLOYEE OR PERSON ACTING ON HIS BEHALF | |
| 17. STATEMENT OF WITNESS: DESCRIBE WHAT YOU SAW, HEARD OR KNOW ABOUT THIS INJURY | | | |
| 18. SIGNATURE OF WITNESS | | 19. DATE (Mo., day, year) | |

ENCLOSURE

CA-1 & 2
Rev. May, 1973

Beginning in training school at Quantico, Virginia, my ears would ring after firearms training sessions. During the time that I functioned as a Firearms Instructor the ringing gradually increased until it became continuous, as it has been ever since. For many years the FBI recommended and provided dry cotton to place in the ears during firearms training. In about 1959, well after my duties as a Firearms Instructor, vaseline was provided to impregnate the cotton before placing it in the ears. Firearms Instructors are now provided with professional type sound suppressors to place over their ears.

My hearing loss and the ringing was a gradual and cumulative injury over a period of several years. I did not make any report of the injury for this reason. Also, during my FBI career subsequent to Seattle, I was assigned to desk work, and while the handicap bothered me, it did not seriously interfere with my work. The FBI is aware of my hearing deficiency in that it was recorded during those annual physical examinations when an audiometer was used.

I never had any difficulty with my ears or my hearing prior to 1942 when I entered the FBI. I have never been exposed to high noise level at any other place than at firearms training sessions while I was with the FBI. I do not hunt and have never fired a gun except in connection with my FBI employment. I have not filed any other claims in connection with this matter. Since my retirement from the FBI I have not been exposed to any noise from weapons firing or to any other loud or excessive noises.

It has only been since my retirement when I have become self-employed as a Lecturer and as a Consultant, that the extent of my handicap has become apparent. I have great difficulty hearing ordinary conversations when there is any background noise whatever. The constant ringing in my ears greatly interferes with my ability to distinguish conversations. I have been greatly limited in hearing questions from audiences after lectures and at seminars on college campuses. As a Consultant, I have been at a great disadvantage in group discussions and at oral presentations where I have not been able to participate with maximum effectiveness. I am a Member of the Bar of the District of Columbia, and the hearing deficiency will make it very difficult for me to function with full effectiveness as a lawyer.

Thank you for your cooperation in this matter.

Sincerely yours,

cc: Federal Bureau of Investigation
10th and Pennsylvania Ave., N. W.
Washington, D. C. (Please execute
statements of Official Superior and
forward to Mr. Gallant.)

67-276576-455

EAR, NOSE AND THROAT MEDICAL GROUP OF WASHINGTON, P.C.

UNIVERSITY MEDICAL BLDG.
SUITE 605
2141 K. STREET, N.W.
WASHINGTON, D. C. 20037
(202) 223-3560

MCLEAN MEDICAL BLDG.
SUITE 208
1515 CHAIN BRIDGE RD.
MCLEAN, VIRGINIA 22101
(703) 356-5601

JAMES J. MCFARLAND, JR., M.D.
OTOLARYNGOLOGY, ONCOLOGY

BLAIR M. WEBB, M.D.
OTOLARYNGOLOGY, OTOTOLOGY

ROBERT E. PUMPHREY, M.D.
OTOLARYNGOLOGY, OTOTOLOGY

DAVID N. F. FAIRBANKS, M.D.
RHINOLOGY, OTOTOLOGY

NORMAN L. BARR, JR., M.D.
OTOLARYNGOLOGY

LILA SUNA, M.A., C.C.C.
SPEECH PATHOLOGY

BETTY R. WILSON
AUDIOLOGY

JOCELYN I. ROUNTREE
ADMINISTRATOR

October 16, 1974

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Va. 22030

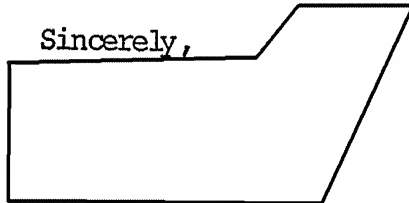
Dear Mr. Felt,

You were seen in this office on 16 October 1974. Your examination was at 11:00am. You gave a history of having been in the FBI for many years, acting as an arms instructor for five years at one point. There has been ringing in the ears for many years, with an indefinite time of onset, but this was thought to be many years ago also.

Ear, nose and throat examination revealed an anterior nasal septal deviation to the right. The throat and ears were normal to examination. Audiometrics done on an audiometer which was calibrated by Bioacoustics of Rockville, Maryland on 20 June 1974, revealed a bilateral predominantly high frequency hearing loss with excellent discrimination in both ears. (Audiogram enclosed.)

It was discussed with you that the hearing loss was of a sufficient degree and of the curve contour to create difficulties in discrimination ability in background noises. It is my opinion that the moderate high frequency hearing loss producing poor discrimination in back-ground noise environment is due to weapons firing exposure.

Sincerely,



b6
b7C

BMW/elb

67-276576-455

ENCLOSURE

| U. S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION BUREAU OF EMPLOYEES' COMPENSATION | | CLAIM FOR COMPENSATION ON ACCOUNT OF INJURY OR OCCUPATIONAL DISEASE | |
|---|--|--|---------------|
| 1. NAME OF INJURED EMPLOYEE (Last, first, middle) W. Mark Felt | | 2. HOME MAILING ADDRESS (Number, street, city, state, zip code) 3216 Wynford Drive Fairfax, Virginia 22030 | |
| 3. DATE AND HOUR OF INJURY (Mo., day, year) See item #12 Form CA - 1 & 2 | | 4. PERIOD COMPENSATION IS CLAIMED AS A RESULT OF PAY LOSS (Mo., day, year) FROM 1/1/43 TO Date | |
| 5. HAS ANY PAY BEEN RECEIVED FOR THE PERIOD SHOWN IN ITEM 4? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE FULL AMOUNT AND SHOW INCLUSIVE DATES DURING WHICH PAY WAS RECEIVED (Mo., day, year) Regular salary and retirement since June 19th, 1973 | | | |
| 6. HAS CLAIM BEEN MADE AGAINST ANY THIRD PARTY FOR DAMAGES AS A RESULT OF THIS INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, FURNISH → | | A. NAME AND ADDRESS OF THIRD PARTY B. AMOUNT OF RECOVERY | |
| 7. WERE YOU EVER IN THE ARMED FORCES OF THE UNITED STATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, FURNISH → | | A. SERVICE NUMBER B. BRANCH OF SERVICE C. PERIOD OF SERVICE FROM THROUGH | |
| 8. IF ANSWER TO 7 IS YES, HAVE YOU APPLIED FOR OR RECEIVED COMPENSATION OR PENSION, INCLUDING RETIREMENT OR RETAINER PAY, BASED ON SUCH SERVICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, FURNISH → | | A. CLAIM NUMBER B. NAME AND ADDRESS OF OFFICE WHERE CLAIM IS FILED C. NATURE OF DISABILITY AND MONTHLY PAYMENT RECEIVED | |
| 9. HAVE YOU APPLIED FOR OR RECEIVED AN ANNUITY UNDER THE U.S. CIVIL SERVICE RETIREMENT ACT OR ANY OTHER FEDERAL RETIREMENT OR DISABILITY LAW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FURNISH → | | A. CLAIM NUMBER CSA 151 3643 B. DATE ANNUITY BEGAN (Mo., day, year) June 19th, 1973 C. AMOUNT OF MONTHLY PAYMENT \$2363.37 | |
| 10. LIST YOUR DEPENDENTS (If none so state) | | | |
| NAME | | RELATIONSHIP | DATE OF BIRTH |
| Audrey R. Felt | | Wife | 3/1/15 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 11. FOR DEPENDENTS NOT LIVING WITH YOU, SHOW AMOUNTS THAT YOU PAY FOR THEIR SUPPORT, TO WHOM PAID, AND PAYEE'S ADDRESS. STATE WHETHER SUCH PAYMENTS WERE ORDERED BY A COURT. N.A. | | | |
| 12. I hereby make claim for compensation on account of the injury described above, which was sustained by me while in the performance of my duty for the United States, said injury not being due to willful misconduct on my part or to my intention to bring about the injury or death of myself or another, or to my intoxication. I have been disabled on account of this injury and have not refused or failed to perform any work I was able to do during the period for which compensation is claimed and every statement set forth above in support of my claim is true to the best of my knowledge and belief. _____ (Signature of employee or person acting on his behalf) _____ (Date) | | | |

67-276576-45
ENCLOSURE

CA-4
Rev. July 1970

D. D. Moffett, M. D.; James J. McFarland, M. D.

B. Webb, M. D.; Robert E. Pumphery, M. D.

2141 K Street, N.W.

Washington, D. C. 20037

AUDIOLOGICAL RECORD

NAME FELT, Mark

DATE 12-16-74

AGE _____

TESTER _____

b6

b7C

DOCTOR'S
NAME _____

AUDIOMETER _____

| | PURE TONE AVERAGE | SPEECH RECEPT THRESH |
|------|-------------------------|----------------------------|
| R. | <u>13</u> | <u>15</u> |
| L. | <u>18</u> | <u>18</u> |
| BIN. | _____ | _____ |

| | PB (QUIET) | PRESENTA- TION LEVEL |
|------|---------------|-------------------------|
| R. | <u>100</u> | <u>45</u> |
| L. | <u>96</u> | <u>48</u> |
| BIN. | _____ | _____ |

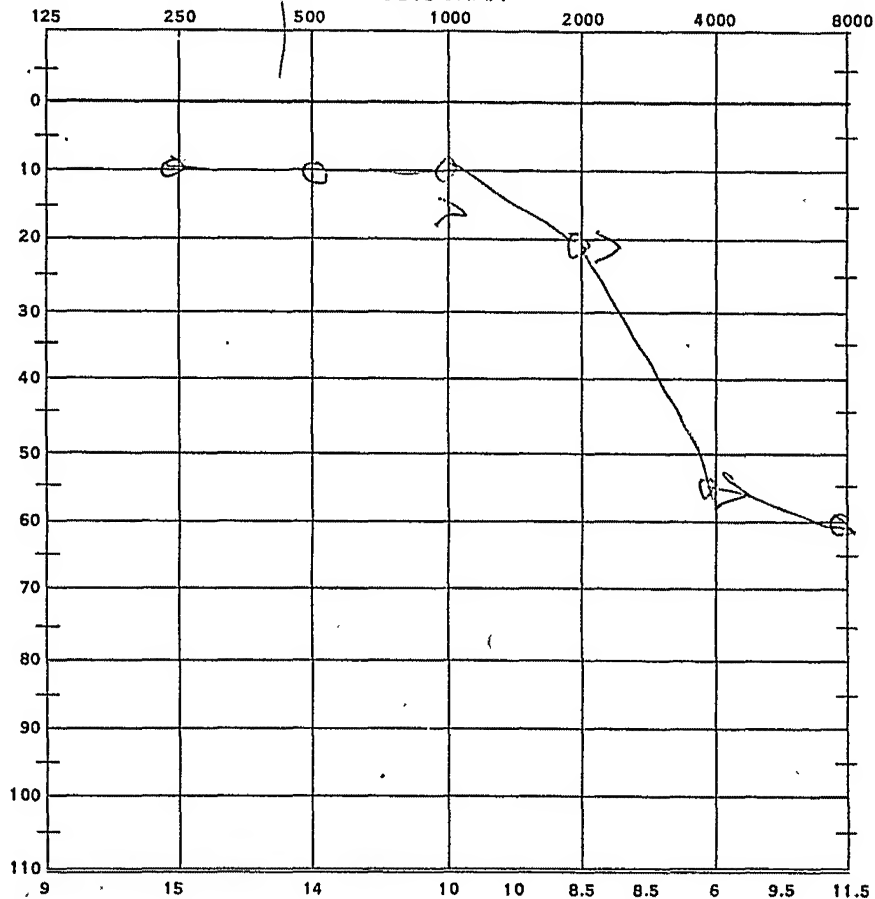
| | PB (NOISE) | PRESENTA- TION LEVEL |
|------|---------------|-------------------------|
| R. | _____ | _____ |
| L. | _____ | _____ |
| BIN. | _____ | _____ |

KEY TO AUDIOGRAM:

| | AIR | BONE | BEST BONE | COLOR |
|---|-----|------|--------------|-------|
| R | O-O | [-- | □--□ | RED |
| L | X-X |]-- | □--□ | BLUE |

HEARING-THRESHOLD LEVEL IN DECIBELS-INTERNATIONAL STANDARD SCALE

AUDIOGRAM



Difference in dB ISO vs. ASA

To convert Hearing Level to ASA, make hearing better by these amounts

MASKING USED ON
NON-TEST EAR

| | | | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|---|---|----|
| BC | L | R | L | R | L | R | L | R | L | R | BC |
| AC | | | | | | | | | | | AC |

Test Reliability: Good

Remarks: _____

Recommendations: _____

67-296576-155

W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

January 20th, 1975

PERSONAL

| | |
|------------------|-------|
| Assoc. Dir. | _____ |
| Dep.-A.D.-Adm. | _____ |
| Dep.-A.D.-Inv. | _____ |
| Asst. Dir.: | |
| Admin. | _____ |
| Comp. Syst. | _____ |
| Ext. Affairs | _____ |
| Files & Com. | _____ |
| Gen. Inv. | _____ |
| Ident. | _____ |
| Inspection | _____ |
| Intell. | _____ |
| Laboratory | _____ |
| Plan. & Eval. | _____ |
| Spec. Inv. | _____ |
| Training | _____ |
| Legal Coun. | _____ |
| Telephone Rm. | _____ |
| Director's Sec'y | _____ |

Dear Clarence,

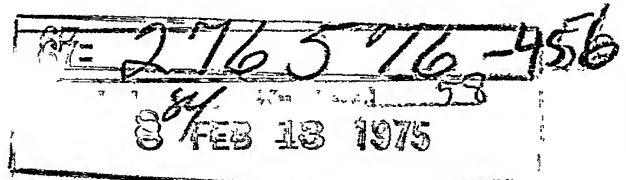
I want you to know that I am not the source of the unfortunate [redacted] stories appearing yesterday and today in the Washington Post.

[redacted] did call me and I tried to talk him out of writing the story but we both know that front page by-lines sometimes become more important to reporters than the facts.

Give our regards to [redacted] Tell her that Audrey is wrestling with skin cancer.

Warm Regards,

Mark
Mark (Felt)



b6
b7C

ack.
2-4-75

8 FEB 10 1975

b6
b7C

W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

January 24th, 1975

W. MARK FELT

b6
b7C

PERSONAL

Assoc. Dir. _____
Dep.-A.D.-Adm. _____
Dep.-A.D.-Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director's Sec'y _____

Dear Clarence,

Enclosed is a letter from an old friend of mine, [redacted] I feel his letter should be placed in his "Secret Dossier." You will note that you are now among his close friends.

[redacted] is a traveling Evangelist who has had frequent contacts with the Bureau. He makes an excellent appearance, at least he did when I talked to him, and it was not at first apparent that he had a problem. I am calling this to your personal attention because you are now on his list and particularly because he might call you on the phone.

b6
b7C

Warm regards,

Mark

Mark (Felt)

ENCLOSURE

REC-139

47-276576-457
FEB 13 1975

20 January 1975

Dear Mr. Felt:

Based upon information acquired during the last seven years covering your clandestine activities within the Bureau, I am now convinced that you are desperately in need of a doctor for no less a reason than that you are a goddam liar.

Having been instrumental in supplying appropriate data for the effective demise of Agnew, Nixon and the Watergate cockadoodles, I can see no reason why you should escape a similar fate for your part in a more sinister coverup involving secret police terrorism against thousands of Americans, including myself.

I am herewith charging you with committing acts of treason against the U.S. Government and my civil and constitutional rights. Also involved are your Fairfax Dom. Intel. Lackey, [redacted] Secret Service Agent [redacted] Postal Inspectors + Special Service Officers of Charlotte, N.C. + Church St. Sta., N.Y.C. And you can tell Clarence M. Kelley that he's had it, too.

You can express your thanks for this memo to my association with an elite Company agent with whom I've consorted since 1971. My next stop is with the A.G. and the Wash. Post. 67-2765b6 -159
b7C
ENCLOSURE

January 21, 1975

[Redacted]
Office of Federal Employees' Compensation
United States Department of Labor
Washington, D. C. 20211

Dear [Redacted]

Reference is made to your letter dated December 11, 1974, requesting additional information regarding the hearing loss claim for former Acting Associate Director W. Mark Felt, your file number A25-56977.

Enclosed are a "To Whom it May Concern" signed statement from Mr. Jamieson, a statement concerning noise level tests, a copy of the pre-employment physical examination report, and copies of all subsequent physical examination reports. Also enclosed is a copy of Mr. Felt's firearms record and a copy of his payroll card. We have no record that he participated in firearms training after 1964.

During periodic conferences, employees are advised of their rights regarding work-related injuries, and regulations concerning immediately reporting any work-related injuries are set forth in employee Handbooks and in our Manual of Rules and Regulations.

Sincerely yours,

C. M. Kelley
Clarence M. Kelley
Director

Enclosures (30)

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

GWG/sls

67-11(3)

2 JAN 22 1975

MAIL ROOM ☒

TELETYPE UNIT ☐

December 31, 1974

TO WHOM IT MAY CONCERN:

RE: W. Mark Felt

Information has been requested concerning the exposure of former Assistant Director W. Mark Felt to the noise of firearms. He was a Special Agent from January 26, 1942, to June 22, 1973.

Felt attended New Agents' Training during the period of January 26, 1942, to April 22, 1942, and for that period he fired the .38 caliber revolver, .45 caliber Thompson submachine gun, 12-gauge shotgun, .30 caliber rifle and the gas gun. He fired approximately 850 rounds of various ammunition during this training.

From 1942, to 1964, firearms training was afforded Felt and he would have fired approximately 20,640 rounds of ammunition during that period.

Felt attended in-service training in 1948, 1951, 1954, 1956, and 1960. During this training he fired approximately 1,800 rounds of ammunition of various calibers.

Joe David Jamieson
Joe David Jamieson
Assistant Director

PLEASE DO NOT MUTILATE THIS MATERIAL IN ANY WAY

FELT, W. MARK

Name

Material sent to

☒ OWCP ☐ File

1-21-75

Date

sls *pls*

3-518 (Rev. 12-30-74)

NOT RECORDED

3/26



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

TO WHOM IT MAY CONCERN:

RE: NOISE LEVEL TESTS OF FBI
FIREARMS RANGES CONDUCTED
BY THE FBI LABORATORY AT
QUANTICO, VIRGINIA AND
WASHINGTON, D. C.

Because available guidelines to estimate the hearing damage risk associated with impulse noise, such as gunfire, differ from the Maximum Recommended Noise Exposure regulations promulgated under authority of the Occupational Safety and Health Act of 1970 (Federal Register 36 (105), 10518 (May 29, 1971)) definitions of measurements made as well as some detail regarding measurement conditions and equipment used are set out with the results of these measurements.

GENERAL BASIS AND DEFINITIONS
FOR MEASUREMENTS CONDUCTED

The tests conducted are based on available literature relating to hearing damage risk associated with impulse noise, such as gunfire, defined as brief noises lasting less than one second. Measurements have been made of two parameters (Peak Pressure Level and B-Duration) of the single impulse from various weapons with various ammunitions under typical and average circumstances.

These two parameters can be related to proposed damage-risk criterion for impulse noise (gunfire), Report of Working Group 57, NAS-NRC Committee on Hearing, Bioacoustics, and Biomedics (CHABA); W. D. Ward et al (July, 1968) also reported by the National Bureau of

TO WHOM IT MAY CONCERN:
RE: NOISE LEVEL TESTS

Standards in "Fundamentals of Noise: Measurement, Rating Schemes and Standards" published by U. S. Government Printing Office Publication NTID 300.15 for the U. S. Environmental Protection Agency (12-31-71). These two parameters are defined as follows:

1. The Peak Pressure Level (P) is the highest instantaneous pressure level (in decibels, Re. $2.0 \times 10^{-5} \text{ N/M}^2$) reached at any time by the impulses, measured at the position of the ear but away from the individual.
2. The Pressure-Envelope Duration or B-Duration is the total time that the envelope of the pressure fluctuations, both positive and negative, are within 20 db of the peak pressure level. Included in this time is the duration of that part of any reflection pattern that is within 20 db of the peak level.

MEASUREMENT TEST CONDITIONS
AND MEASUREMENT EQUIPMENT

OUTDOOR RANGE

Measurements were conducted on the outdoor range of the FBI Academy at Quantico, Virginia, in an open field over grass. Measuring microphones were located in an orientation and at a distance from various weapons to approximate the location of the shooter's nearest ear. Weapons were fired with the shooter removing himself as far as possible from the field of the measuring microphone. Results for each weapon and type of ammunition are the average of several individual firings. Peak Pressure Levels (P) and B-Duration were measured from calibrated photographs of oscilloscope traces, and were checked against simultaneous impulse precision sound level meter measurements.

Equipment used to make these measurements includes Bruel and Kjaer (B&K) Impulse Precision Sound Level Meters type 2209, type 4136 1/4" condenser microphone associated preamplifiers and power supplies and Tektronix Model 564 Oscilloscope with C30 camera. Calibration was done with a B & K type 4220 Pistonphone.

TO WHOM IT MAY CONCERN:
RE: NOISE LEVEL TESTS

It is felt these measurements represent typical and average sound levels and durations which would occur at the shooters' ears without ear protection for the weapons and ammunitions measured.

RESULTS OF MEASUREMENTS

Outdoor Range

The following measurement results are set out by type of weapon and ammunition and are the average of a number of firings of each. The two measurements given are P (Peak Pressure Level in decibels (db)) and B (B-Duration in milliseconds):

1. Weapon: 38 caliber Smith and Wesson Special Revolver with 4-inch barrel

(a) Ammunition - 148 grain target load
P - 156 db B - 1.8 msec

(b) Ammunition - 158 grain service load
P - 157.7 db B - 1.9 msec

2. Weapon: 38 caliber Smith and Wesson Special Revolver with 2-inch barrel

(a) Ammunition - 148 grain target load
P - 159.2 db B - 1.6 msec

3. Weapon: Model 870 Remington Shotgun

(a) Ammunition - Skeet load
P - 160.8 db B - 2.9 msec

(b) Ammunition - 00 buck shot
P - 160.3 db B - 3.6 msec

(c) Ammunition - rifle slug maximum load
P - 159.5 db B - 6.3 msec

4. Weapon: .308 Remington Carbine Rifle with 150 grain ammunition

(a) Open area over grass
P - 159.6 db B - 2.8 msec

(b) on Rifle Deck
P - 158.3 db B - 5.4 msec

TO WHOM IT MAY CONCERN:
RE: NOISE LEVEL TESTS

MEASUREMENT TEST CONDITIONS

INDOOR RANGE

Measurements were conducted on the indoor range at FBI Headquarters located in the basement of the Justice Department Building, Washington, D. C. Measurement microphones were located in an orientation and at a distance from the gun to approximate the location of the shooter's nearest ear. The gun was fired at one of the center shooter positions with the shooter removing himself as far as possible from the field of the measuring microphones and with the protective plexiglass screens closed behind the shooter. Results for each type of ammunition are the average of several individual firings. Peak Pressure Levels (P) and B-Durations were measured from calibrated photographs of oscilloscope traces and were checked against simultaneous impulse precision sound level measurements.

RESULTS OF MEASUREMENTS

Indoor Range

The following measurement results are for a 38 caliber Smith and Wesson Special Revolver with 4-inch barrel and are felt to represent typical and average sound levels and durations which would occur at the shooter's ears without ear protection on the indoor range. The two measurements given are P (Peak Pressure Level) and B (B-duration in milliseconds):

1. Ammunition: 148 grain target load
P - 154.4 db B - 23.7 msec
2. Ammunition: 158 grain service load
P - 156.9 db B - 23 msec

Field Firearms Training Record
FD-40 (Rev. 12-11-59)

FELT, W. Mark

(Current thru 1st ID Shoot - 1964)

Special Agent

[illegible]

Special Agent

[illegible]

FIELD REARMS TRAINING RECORD

SPECIAL AGENT

W. MARK FELT

FD-40
3-25-47

BA.

| OFFICE | MO. YR. | DA HS | PPC | SG | Dry Fire per 30 sec | MG | GAS | RD | D.T. | Pistol Practice | QUALIFIED |
|--------------|------------|----------|--------|-----------|---------------------------|----|-----|----------------|------|--------------------|-----------|
| W. LAKE CITY | 10/57 | 96 | 95 | 100 | | 98 | ✓ | | ✓ | | |
| | 11/57 | | | | | | | | | 270 | |
| | 12/57 | | | | | | | | | 261 | |
| KANSAS CITY | 3/58 | | | | | | | Indoor | | | |
| | 5/58 | 98 | 97 | 10 | ✓ | 96 | ✓ | | ✓ | | |
| | 6/58 | 92 | 94 | 14 | | 90 | | | ✓ | | |
| | 9/58 | 92 | 94 | 10 | | 92 | | | ✓ | | |
| | 10/58 | 96 | 96 | 15 | | 98 | | | ✓ | | ✓ |
| | 11/58 | | | | | | | Outdoor | | | |
| | 12/58 | | | | | | " | | | | |
| | 1/59 | | | | | | " | | | | |
| | 2/59 | | | | | | " | | | | |
| | 5/59 | 96 | 96 | #3 10 | ✓ | | ✓ | | | | |
| | 9/59 | 96 | 94 | 100 | ✓ | | | Indoor | | | |
| | 10/59 | 96 | 94 | 12 | 95 | | | | ✓ | | |
| | 11/59 | | | | ✓ | | | MAKEUP 12-7-59 | | | |
| | 12/59 | | | | ✓ | | | | | | |
| | 1/60 | | | | | | | | | 96 | |
| | 2/60 | | | | | | | | | 267 | |
| In-Service | 5/60 | 100 | 98 | 17/25 | 95 | 98 | | | | | |
| | 5/60 | 98 | 98 | #3 100 | | | | | ✓ | | |
| | 9/60 | 100 | 98.8 | 100 | | | | | ✓ | | |
| | 11/60 | 98 | 97 | 16 | | | | | ✓ | | |
| | 11/60 | 266 | Indoor | | | | | | | | |
| | 1/61 | | | | | | | | | | |

Felt

FIELD WEAPONS TRAINING RECORD

SPECIAL AGENT

W. MARK FELT

9/20/54 FD-40
3-25-47

| OFFICE | MO. YR. | DA HS | PPC | SG | .30 | MG | GAS | RD | Pistol Pract. | Other Course | QUALI- FIED |
|-------------|------------|----------|--------|------------|-----------|--------------------|--------------------|---------|------------------|-----------------|----------------------------|
| SEATTLE | 1/54 | | | | | | | | 266 | | |
| " | 2/54 | | | | | | | | 266 | | |
| " | 3/54 | | | | | | | | 254 | | |
| " | 4/54 | 96 | 98 | | | 94 | | | | | |
| " | 7/54 | 98 | 96 | | 86 | 80 | | | | In-Service | |
| S. O. H. | 10/54 | 94 | 95 | 100 | | 96 | | | | | |
| New Orleans | 12/54 | | | | | | | | | | |
| " | 1/55 | | | | | | | | | | |
| " | 5/55 | 100 | 99 | ✓ | | 98 | | | D. B. + A | | Return Service |
| " | 5/55 | 100 | 90 | 100 | | 100 | (makeup for April) | | ✓ | only makeup | |
| " | 6/55 | | | | | | | | ✓ | 30 only | |
| " | 11/55 | 94/100 | 94/100 | 90/90 | 80/90 | 96/70 | - | | ✓ | | Low mark |
| " | 11/55 | 98 | 89 | ✓ | | (makeup for April) | | | | | |
| Los Angeles | 3/56 | Tried | | | 30 rounds | | | | | | |
| In service | 5/56 | 100 | 93 | ✓ | 78 | 94 | | | | | |
| | 6/56 | 100 | 98 | #23 90 | | 98 | | ✓ | | | D. B. Return Service |
| | | 98 | 89 | #1 100% | | 94 | ✓ | | | | Return Service |
| Makeup | 8/56 | 98 | 92 | #23 70% | | 96 | | ✓ | | | |
| | 10/56 | 98 | 94 | 100 | | 98 | ✓ | | ✓ | | |
| | 12/56 | | | | | | | | | 260 | |
| | 1/57 | | | | | | | | | 250 | |
| | 2/57 | | | | | | | | | 260 | |
| | 4/57 | 98 | 96 | 100 | ✓ | 100 | | DT ✓ | DA ✓ | | |
| | 6/57 | 96 | 94 | 18 | | 98 | | ✓ | | | Return Service |
| | 8/57 | 98 | 95 | 19 | | 100 | ✓ | | | | |

FELT, W. MARK

FIELD WEAPONS TRAINING RECORD

SPECIAL AGENT

W. MARK FELT

FD-40
3-25-47

| OFFICE | MO. YR. | DA HS | PPC | SG | .30 | MG | GAS | RD | Pistol Pract. | Other Course | QUALI- FIED |
|---------|------------|----------|--|---------|-----|-------|-----|----|------------------|-----------------------------------|--------------------------------|
| SEATTLE | 7/51 | 100 | 95 | | | 96 | | | | ✓ | |
| " | 8/51 | | Superior's (Applicant) Conference - Wash. D.C. | | | | | | | | |
| " | 9/51 | 100 | 94 | 100 | 93 | 94 | | | | D.T. | Plus 1951 Fiscal Make-Up |
| " | 9/51 | 100 | 96 | 100 | | 100 | | | | | |
| " | 10/51 | | | | | | | | ✓ | | |
| " | 11/51 | | | | | | | | ✓ | | |
| " | 12/51 | | | | | | | | ✓ | | |
| " | 1/52 | | | | | | | | ✓ | | |
| " | 2/52 | | | | | | | | ✓ | | |
| " | 3/52 | | | | | | | | ✓ | | |
| " | 4/52 | | | | 94 | 98 | | | ✓ | D.T. | |
| " | 5/52 | | | | | | | | | | Special in S.F. |
| " | 6/52 | 84/86 | 97/98 | 100 | | 100 | | | | Make-up shot during Inspection | |
| " | 7/52 | 100 | 95 | | | 90 | | | | | |
| " | 8/52 | | | | | | | | | | A.L. |
| " | 9/52 | 100 | 100 | | | 94 | | | | ✓ | |
| " | 12/52 | | | | | | | | ✓ | | |
| " | 2/53 | | | | | | | | ✓ | | |
| " | 4/53 | | | | | | | | ✓ | | |
| " | 6/53 | | | | | | | | | | S.L. |
| " | 7/53 | | | | | | | | | | " |
| " | 9/53 | 96/94 | 92/92 | 100/100 | | 98 | | ✓ | | ✓ | |
| " | 10/53 | 96 | 98 | | 85 | 98/96 | | | | | |
| " | 11/53 | | | | | | | | | | |
| " | 12/53 | | | | | | | | | | |
| | | | | | | | | | 270 | | |
| | | | | | | | | | 272 | | |

W. MARK FELT

FEDERAL BUREAU OF INVESTIGATION

1/1/75, 1974

Director
 Mr. Callahan
 Mr. Jenkins
 Mr. Adams
 Mr. Bassett
 Mr. Cleveland
 Mr. Decker
 Mr. Gebhardt
 Mr. Jacobson
 Mr. Jamieson
 Mr. McDermott
 Mr. Marshall
 Mr. Mintz
 Mr. Thompson
 Mr. Walsh
 Mr. Wannall
 Mr. White
 Mr. Coleman
 Mr. Reed

Mr. E. L. Campbell

Mr. Cotter
 Mr. Donelan
 Mr. Gump
 Mr. Hyland
 Mr. Joseph
 Mr. Kirsch
 Mr. McNerney
 Mr. Pfaff
 Mr. Shanahan
 Mr. Shoaff
 Mr. Stack
 Mr. Zeiss

Mr. Brownfield
 Mr. Montefiore
 Mr. Reilly
 Mr. Stewart

Mr. Hunsinger
 Mr. Mahmfeldt
 Mr. McMichael
 Mr. Row

Miss Adams
 Mr. Blake
 Mr. Mann
 Miss Vega

Mr. [Signature]
 Room 5517

See Me
 Call Me
 Mail Room, 5531
 Corres. Review Unit, 5533

We have no
 record of his par-
 ticipation after
 1964

J. D. JAMIESON
 Training Division
 Quantico, Ext. 2726

3/1/75

FEDERAL BUREAU OF INVESTIGATION

11/21, 1975

| | | |
|--------------------|-------------------------|-----------------|
| Mr. Brownfield | Mr. Jamieson | Gump |
| Mr. McNeely | Mr. Campbell | Bounds |
| Mr. Montefiore | Cotter | Hardin |
| Mr. Reilly | Hyland | Murphy, John |
| Mr. Stewart | Colvin | Stalnaker |
| | Ryan, J. L. | |
| Witzel | Shoaff | Shanahan |
| Baum | Kirsch | Ayres |
| Faulconer | Ahrens | Baker |
| Hawn | Sass | Connor |
| Limerick | Smith, H. | Crickenberger |
| Reynolds | | Halsig |
| Salisbury | McNerney | Murphy, J. S. |
| Shelton, W. | Hall | Ondrula |
| Snellings | Humphries | Quigley |
| Sullivan, J. | Whitaker | Tokunaga |
| Tucker | Williams | Wilent |
| | | |
| Beadle | Joseph | Zeiss |
| Binninger | Bledsoe | Bassett |
| Blake | Sellers | Cajigas |
| Bollmann | Yates | Ford |
| Butler | Kenny | Gray |
| Dotson | Kohler | Harmon |
| Hoover | McPherson | Hoeting |
| Mann | O'Connor | Ing |
| McKee | Pelczar | Keadle |
| Olson | Reagan | Kriskovich |
| Rozek | Tully | Lovin |
| Tambourine | Urick | McFaul |
| Vega | Velier | Monroe, R. |
| Ward | Wells, J. | Pisenti |
| Woodard | | Reilly |
| | Pfaff | Schmidle |
| Guards | Depue | Senneff |
| Chief Clerk's Off. | Harper | Swanson |
| Nurse | Hassel | Treher |
| Steno Pool | Minderman | Warter |
| Supply Room | Monroe, L. | Webb |
| Switchboard | Mullany | Wells, W. |
| T & A Clerk | O' Maley | Donelan |
| Receiving | Peters | Boutwell |
| | Ressler | Burke |
| See Me, Please | Siano | McLaughlin |
| Phone Me, Please | Strentz | Miller |
| For Approp. Action | Teten | Rissler |
| Please Handle | | |
| Per Call | | |
| | Stack | |
| McDevitt | Hazel | |
| Smyth | Herbertson | |
| | Hughes | Property, 5266 |
| M | Parsons | Data Processing |
| | Phillips | |
| Room | Sirene | |

*No record on range of
Felt. Running period after
1964.*

Felt
FBI ACADEMY
Quantico, Virginia

PAYROLL CARD OF: FELT, W. MARK #14393
 B.C.D. 1-26-42 AT Washington, D. C.
 RESIGNED: Born: 8-17-13

| DIVISION | GRADE | SALARY | TITLE | DATE | NOTICE NO. |
|---|--------------|-----------------|--------------------------|-----------------|-------------------|
| <u>F</u> | <u>GS 12</u> | <u>\$6800</u> | <u>BSI Special Agent</u> | <u>10-30-49</u> | <u>bo'h</u> |
| " | " | <u>\$7000</u> | " | <u>9-17-50</u> | <u>mlb 3604</u> |
| " | " | <u>\$7640</u> | <u>BSI</u> | <u>7-8-51</u> | <u>mw</u> |
| " | <u>GS 13</u> | <u>\$8360*</u> | " | <u>12-23-51</u> | <u>mw 13761</u> |
| " | " | <u>\$8560</u> | " | <u>6-21-53</u> | <u>clm 24/62</u> |
| Prom. changed to perm. action eff. 9-11-54 P.L. 763 | | | | | |
| " | " | <u>\$8760</u> | " | <u>12-19-54</u> | <u>vak 16-290</u> |
| " | " | <u>\$9420</u> | <u>BSI</u> | <u>3-13-55</u> | <u>tlb</u> |
| <u>Field</u> | <u>GS 14</u> | <u>\$10,320</u> | <u>SA</u> | <u>12-18-55</u> | <u>mls 11498</u> |
| " | " | " | <u>SA(SA in Charge)</u> | <u>11-4-56</u> | <u>cjp 11991</u> |
| " | " | <u>\$10,535</u> | <u>SA(SAC)</u> | <u>6-16-57</u> | <u>mrh 5697</u> |
| <u>Field</u> | <u>GS 15</u> | <u>\$11,610</u> | <u>SA(SAC)</u> | <u>6-30-57</u> | <u>cjp 7727</u> |
| <u>Field</u> | <u>GS 15</u> | <u>\$12,770</u> | <u>BSI SA (SAC)</u> | <u>1-12-58</u> | <u>adh/and</u> |
| " | <u>GS 15</u> | <u>\$13,070</u> | <u>SA(SAC)</u> | <u>12-28-58</u> | <u>kfv</u> |
| <u>Field</u> | <u>GS 16</u> | <u>\$14,190</u> | <u>SA (SAC)</u> | <u>12-11-58</u> | <u>adh</u> |
| " | <u>GS 16</u> | <u>\$14,430</u> | <u>SA(SAC)</u> | <u>6/12/60</u> | <u>prl</u> |

2-80 (Rev. 3-18-64)
 PAYROLL CARD OF: FELT, W. MARK

| | | | |
|------------------------------|---------------------------|---|--|
| EOD <u>1-26-42</u> | | RESIGNED <u>Ret eff cb 6/22/73</u> | |
| BIRTH DATE <u>8-17-13</u> | VET. PREF. <u>None</u> | SOCIAL SECURITY # <u>511-46-0048</u> | |

| DIVISION | GRADE | SALARY | TITLE | EFFECTIVE |
|-----------------|---|------------------|--------------------------------------|---------------------|
| <u>D10-Insp</u> | <u>GS 18(S-1)</u> | <u>\$28,000</u> | <u>BSI Asst. Director</u> | <u>-----rh</u> |
| <u>D10-Insp</u> | <u>GS 18(S-1)</u> | <u>\$30,239</u> | <u>BSI Asst. Director</u> | <u>2-23-69 rh</u> |
| <u>D10-Insp</u> | <u>GS 18(S-1)</u> | <u>\$33,495</u> | <u>BSI Asst. Director</u> | <u>7-13-69 clm</u> |
| <u>D10-Insp</u> | <u>GS 18(S-1)</u> | <u>\$35,505</u> | <u>BSI Asst. Director</u> | <u>12-28-69 lkl</u> |
| <u>D10-Insp</u> | <u>GS 18(S-1)</u> | <u>\$36,000*</u> | <u>BSI Asst. Director</u> | <u>1-10-71 bch</u> |
| <u>ADO</u> | <u>GS 18(S-1)</u> | <u>\$36,000</u> | <u>Asst. Dir. - Deputy Associate</u> | |
| | | | <u>Director</u> | <u>7-1-71 cw</u> |
| <u>5-30-72</u> | <u>Resigned Acting Associate Director - etc</u> | | | |

PAYROLL CARD OF: FELT, W. MARK
 DESIGNED: 1-26-42 AT Washington, D. C.
 Born: 8-17-13

SS#511-46-0048

#14393

| DIVISION | GRADE | SALARY | TITLE | DATE | NOTICE NO. |
|----------|--|----------|---------------------|----------|------------|
| Field | GS 16 | \$14,430 | SA (SAC) | ----- | ----- |
| Field | GS 16 | \$15,515 | BSI SA (SAC) | 7-10-60 | jlfr 10 |
| Field | GS 16 | \$15,515 | Supv. SA (SAC) | 5-28-61 | mff 14 |
| " | GS 16 | \$15,775 | Supv. SA (SAC) | 12/10/61 | prl 20 |
| " | GS 16 | \$17,000 | BSI Supv. SA (SAC) | 12-14-62 | jac |
| " | GS 16 | \$17,000 | Supv. SA | 10-22-62 | jac |
| " | GS 16 | \$17,500 | Supv. SA | 12-9-62 | mbh |
| " | GS 16 | \$17,500 | Inspector | 1-23-63 | jac |
| Field | GS 16 | \$20,900 | BSI Inspector | 7-5-64 | rlr |
| " | GS 16 | \$21,555 | Inspector | 12-6-64 | slg |
| 12-31-64 | Inspector in Charge of Inspection Division sjh | | | | |
| D10 | GS 17 | \$22,945 | Assistant Director | 3-19-65 | sjh |
| D10 | GS 17(S-3) | \$23,771 | BSI Assist. Dir. | 10-10-65 | ish |
| D10-Ins | GS 18 (S-1) | \$25,382 | Assistant Dir. | 3-19-66 | mff |
| D10-Ins | GS 18(S-1) | \$25,690 | Assistant Dir. | 7/3/66 | RLW BSI |
| D10-Ins | GS 18(S-1) | \$27,055 | BSI Assist. Dir. | 10-8-67 | tcs |
| D10-Ins | GS 18(S-1) | \$28,000 | *BSI Asst. Director | 7-14-68 | slg |

PAYROLL CARD OF: FELT, W. Mark

DESIGNED: 1-26-42AT Washington, D. C.

RESIGNED:

Born: 8-17-13

| DIVISION | GRADE | SALARY | TITLE | DATE | NOTICE NO. |
|--|--------|------------|---------------|---------|------------|
| Salaries & Expenses FBI (National Defense) eff. e.c. | | | | | |
| F | CAF 9 | \$3200 | Special Agent | 1-26-42 | 3626 |
| F | CAF 10 | \$3500 | Special Agent | 11-1-42 | 3994 |
| D5-SD | CAF 11 | \$3800 | SA (Supv.) | 2-16-44 | 14355 |
| " | " | \$4300 | BSI " " | 7-1-45 | |
| G F | " | " | Special Agent | 7-28-45 | 45677 |
| " | " | \$4520 (M) | " | 7-30-45 | 45165 |
| " | " | \$4740 | " | 8-27-45 | 47373 |
| " | CAF 12 | \$5180 | " | 2-24-46 | 3342 |
| " | " | \$5905.20 | BSI " " | 7-1-46 | gb |
| Salaries & Expenses F.B.I. (A.E.P.) eff. 2-3-47 mch | | | | | |
| SALARIES AND EXPENSES FBI (REGULAR) | | | | | |
| EFFECTIVE 7-1-47 | | | | | |
| F | CAF 12 | \$6144.60 | SA | 9-7-47 | pc 2938 |
| " | " | \$6474.60 | BSI " " | 7-11-48 | hgb |
| " | " | \$6714 | " | 3-20-49 | agt |

JOHN EDGAR HOOVER
DIRECTOR



Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

April 18, 1942

MEMORANDUM FOR MR. CLEGG

RE: William Mark Felt
Special Agent

This is to certify that the above-named trainee has been afforded an automobile driver's test. During this test, he operated the automobile in a satisfactory manner.

Respectfully,

A handwritten signature in cursive script, reading "F. M. Fawcett", is written over a horizontal line.

F. M. Fawcett
Counsellor
Class # 15
1/26/42 - 4/18/42

APR 18 1942

67-276576-458

ENCLOSURE

67-276576-458



Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.
Quantico, Virginia
March 23, 1942

MEMORANDUM FOR MR. CLEGG

Re: Special Agent WILLIAM MARK FELT
New Agents Class No. 15
1/26/42--4/18/42

I hereby certify that the above-named Special Agent is qualified in the use of all Bureau firearms and that he has made qualifying scores in each required firearms course.

Respectfully,



b6
b7C

MAR 30 1942
31

12-8-42 RECORDED

ENCLOSURE

67-276576-458

Kansas City, Mo.

Dear Mr. Hoover:

As a profound admirer of the great organization which you so capably represent, I am confident that you will appreciate having certain matters brought to your attention in connection with the Kansas City branch of the FBI, especially in view of the fact that it has resulted in unfavorable comment among citizens of this city.

Each day between 8:30 AM and 9:00 AM ten to fifteen agents of the Kansas City office gather at Bonura's Restaurant, where they spend the following hour, or more, drinking coffee and gossiping about their various duties, usually in a loud tone which is clearly audible to other customers in the restaurant. For example, one individual was overheard to remark that the person in charge of the office here in Kansas City had instructed them during the month of July not to complete any pending work in order that there would appear to be more work than is actually the case and to justify the present staff of employees. They also expressed their pleasure that a [redacted] had been transferred and can now have it easy. These same individuals can usually be located between 4:00 PM and 5:00 PM at the Hotel Pickwick Coffee Shop.

A break in the daily routine for refreshments is, of course, helpful, and it is not my purpose to cause any difficulties for any employee of the office here. However, this matter has been the topic of much unfavorable comment and one individual has suggested writing a letter to the editor of the Kansas City Star.

Very truly yours,
A Taxpayer

ENCLOSURE

67-276576-458

b6
b7C

Assoc. Dir. _____
 Dep.-A.D.-Adm. _____
 Dep.-A.D.-Inv. _____
 Asst. Dir.: _____
 Admin. _____
 Comp. Syst. _____
 Ext. Affairs _____
 Files & Com. _____
 Gen. Inv. _____
 Ident. _____
 Inspection _____
 Intell. _____
 Laboratory _____
 Plan. & Eval. _____
 Spec. Inv. _____
 Training _____
 Legal Coun. _____
 Telephone Rm. _____
 Director's Sec'y _____



W. Mark Felt
 3216 Wynford Drive
 Fairfax, Virginia 22030

December 21, 1975

Hon. Clarence M. Kelley, Director
 Federal Bureau of Investigation
 10th and Pennsylvania Avenue N. W.
 Washington, D. C.

ATTENTION: MR. MCDERMOTT

Dear Mr. Kelley,

I need two items of information
 for use in connection with some writing
 which I am doing.

Please advise me the names of my
 Class Instructor and Class Counselor for my
 New Agents class. This was Class #10 which
 convened on February 26th, 1942.

I would also like to have a copy
 of an anonymous letter which was sent to
 Mr. Hoover while I was SAC at Kansas City.
 The letter made several allegations against
 me.

It would seem to me that this in-
 formation could be furnished informally as
 it is a matter of record in my Personnel
 File. If this is not possible, then I re-
 quest the information under the provisions
 of The Freedom of Information Act.

Sincerely,

W. Mark Felt

EXP. PROC.

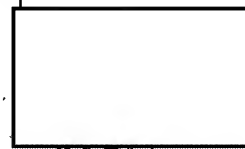
DEC 29 1975

REC-133 67-276576-458
 Searched _____ Numbered _____
 INDEXED _____ FILED _____
 DEC 23 1975

b6
 b7C

ack by
 ASH:ngs
 1-16-76

[Handwritten signature]
 W. Mark Felt



UNITED STATES GOVERNMENT

Memorandum

TO : Mr. J. B. Adams

FROM : Legal Counsel

SUBJECT: SUBCOMMITTEE ON GOVERNMENT INFORMATION
AND INDIVIDUAL RIGHTS
HOUSE COMMITTEE ON GOVERNMENT OPERATIONS

1 - Mr. Bassett
1 - Mr. McDermott
1 - Mr. Mintz

DATE: 11-26-75

1 - [redacted]
1 - Mr. Hotis

b6
b7C

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir. _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Telephone Rm. _____
Director Sec'y _____

On 11-25-75 [redacted] for the House Subcommittee on Government Information and Individual Rights, advised Inspector John B. Hotis that the appearance of Assistant Director John J. McDermott before this Committee has been rescheduled for Monday, 12-1-75, in Room 2247, Rayburn House Office Building. He said that that Miss Helen Gandy, former Executive Assistant to the Director, Mr. John P. Mohr, former Assistant to the Director, and Mr. Mark Felt, former Acting Associate Director, will appear before the Committee on the same date at 10:00 a.m. They will be followed at approximately 12:30 p.m. by Mr. McDermott.

[redacted] said that the hearings will focus primarily on Mr. Hoover's personal files and such procedures as "route in envelope" and the "Do Not File" system. He suggested that Mr. McDermott be accompanied by the Inspector who conducted the Inspection Division inquiry into the "Official and Confidential" files.

For your information, we have been advised by [redacted] that [redacted] efforts last week

to subpoena Walter Zink of the New York Office, David Jenkins also of the New York Office, [redacted] of the Washington Field Office, and former SA Joe Craig were unsuccessful because the Committee did not have a quorum present. Since the Committee meets every third Thursday of each month, it will not have another opportunity to consider the matter until late in December.

RECOMMENDATION:

For information.

JBH:dkg (7)



5010-108

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

PERS. REC. UNIT

UNITED STATES GOVERNMENT

Memorandum

Assoc. Dir. ☒
Dep. AD Adm. ☒
Dep. AD Inv. ☒
Asst. Dir.:
Admin. ☐
Comp. Syst. ☒
Ext. Affairs ☐
Files & Com. ☐
Gen. Inv. ☐
Ident. ☐
Inspection ☐
Intell. ☐
Laboratory ☐
Legal Coun. ☐
Plan. & Eval. ☐
Spec. Inv. ☐
Training ☐
Telephone Rm. ☐
Director Sec'y ☐

TO : MR. JENKINS

DATE: 11/26/75

FROM : D.W. MOORE JR.

SUBJECT: VISIT TO FBI HEADQUARTERS BY

[REDACTED]
PROPOSED BIOGRAPHY OF J. EDGAR HOOVER
ACCOMPANIED BY FORMER ASSOCIATE DIRECTOR
W. MARK FELT
12/2/75

b6
b7C

Mark Felt contacted me this morning at the request of [REDACTED] to see if I would be available on December 2, 1975, to discuss with [REDACTED] on Mr. Hoover. Felt indicated he has been working very closely with [REDACTED] inasmuch as he, Mark Felt, is being considered as technical advisor for Twentieth Century Fox, who has secured the movie rights for [REDACTED]. I indicated to Felt that I would be available on the 2nd to meet with he and [REDACTED]

b6
b7C

RECOMMENDATION:

For information.

- 1 - Mr. Callahan
- 1 - Mr. Jenkins
- 1 - Mr. Moore
- 1 - Mr. J. Campbell

DWM:jo
(5)

EX 103

REC 67

DEC 3 1975

7 JAN 5 1976

RECEIVED SECTION

112
PERS. REC. UNIT

Mr. J. B. Adams

Legal Counsel

1 - Mr. Hinta
1 - Mr. Adams
1 - Mr. Bassett
11/11/75
1 - Mr. McDermott
1 - Mr. Malmfeldt
1 - Mr. Hotis
1 - Mr. Daly

SUBCOMMITTEE ON GOVERNMENT INFORMATION AND
INDIVIDUAL RIGHTS
HOUSE COMMITTEE ON GOVERNMENT OPERATIONS

On 11/6/75, SA [] of this Division was advised by Assistant Director John J. McDermott that he had been given a message that W. Mark Felt, Former Associate Director, was subpoenaed to testify before captioned Committee on 11/18/75. Timothy Ingram, Staff Director of captioned Committee, was telephonically contacted by SA [] to determine if, in fact, Felt had been subpoenaed to testify before captioned Committee and determined that a subpoena had not been issued but rather the Committee had requested his appearance on 11/18/75 to testify in public hearing concerning the "Official and Confidential" files and the "Do Not File" memoranda system. Ingram stated that Felt would testify at 9 a.m. on 11/18.

[] Staff Member of captioned Committee, was contacted on 11/10/75 to determine exactly what the schedule for witnesses on 11/18/75 was and the topics which these witnesses might address during testimony. [] stated that the list of witnesses to appear on 11/18 included Miss Helen Gandy, former Associate Director W. Mark Felt, and former Assistant to the Director John P. Mohr. He stated the topic of their testimony would be the same as that of Assistant Director McDermott--namely, the "Do Not File" memoranda system and the "Official and Confidential" files.

In addition to the "Do Not File" memoranda system and the "Official and Confidential" files which were to be the topic of Assistant Director McDermott's testimony, Ingram indicated

- 1 - Personnel File - W. Mark Felt
1 - Personnel File - John P. Mohr
1 - Personnel File - Helen Gandy

CONTINUED - OVER

67 NOT RECORDED

1 NOV 25 1975

Legal Counsel to Mr. Adams

RE: SUBCOMMITTEE ON GOVERNMENT INFORMATION AND
INDIVIDUAL RIGHTS

HOUSE COMMITTEE ON GOVERNMENT OPERATIONS

that Assistant Director McDermott could be expected to have certain questions asked of him relating to the Bureau's handling of Freedom of Information Act and Privacy Act requests. Ingram stated that these questions would be of a general nature and based his assumption that Assistant Director McDermott would be asked certain questions concerning the Freedom of Information Act and Privacy Act on past Committee hearings in which the Congressmen on the Committee had expressed a great deal of interest on in this area.

RECOMMENDATION:

For information.

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Jenkins

DATE: 10-24-75

FROM : J. J. McDermott *JJM*

SUBJECT: HOUSE COMMITTEE ON GOVERNMENT
INFORMATION AND INDIVIDUAL RIGHTS
W Mark Felt

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____
Hof

b6
b7C This will record that at 11 a. m. today I received a phone call from former Acting Associate Director Mark Felt who advised that he, in turn, had been called by [] a member of the staff of the captioned Committee, who requested Felt to make himself available for interview concerning the Bureau's filing system, the Director's official and confidential files, and the practice of designating certain memoranda "Do Not File."

b6
b7C Felt inquired as to whether I saw any objection to his acquiescing and I told him I saw no objection since the interview would only cover procedural matters and did not impinge on any substantive or investigative matters. He indicated that he would then agree to [] request to be available at his home for interview at 11:30 a. m. tomorrow, 10-25-75.

[] advised Felt that the head of the Bureau's files division was scheduled to testify next Tuesday before the Abzug Committee and they were merely attempting to acquire additional background concerning records systems.

ACTION:

b6
b7C None. Submitted for information.

- 1 - Mr. Callahan
- 1 - Mr. Jenkins
- 1 - Mr. Adams
- 1 - Mr. Mintz
- 1 - Mr. Wannall (Mr. Cregar)

JJMCD:bpr
(8)

7 JAN 27 1976
26

REC-5

62-99229-349

NOV 5 1975

LEGAL COUNSEL

PERS. REC. UNIT

27657
W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030
October 8th, 1975
William M. Felt

HAS FILED WITH J. Edgar Hoover
& Comm. Ph.
K
Hon. Clarence M. Kelley, Director
Federal Bureau of Investigation
10th and Pennsylvania Avenue, N. W.
Washington, D. C. 20535

| | |
|------------------|--|
| Assoc. Dir. | |
| Dep. Dir. | |
| Dep. Dir. - Inv. | |
| Asst. Dir.: | |
| Admin. | |
| Comp. Syst. | |
| Ext. Affairs | |
| Files & Com. | |
| Gen. Inv. | |
| Ident. | |
| Inspection | |
| Intell. | |
| Laboratory | |
| Plan. & Eval. | |
| Spec. Inv. | |
| Training | |
| Legal Coun. | |
| Telephone Rm. | |
| Director Sec'y | |

Dear Mr. Kelley,

This is with further reference to my request of August 12th, 1975, under the provisions of the Freedom of Information Act for summaries and background information concerning the FBI investigation of the attempted assassination of George Wallace.

As you know, I have tentatively agreed to be interviewed in this regard in connection with a Television Special being planned by the Columbia Broadcasting Company.

I would like to have copies of summaries which were prepared for representatives of the Los Angeles Times together with copies of summaries prepared for internal distribution. I need copies of documents relating to the sequence of events as they occurred on the day of the attempted assassination. I am particularly interested in conversations which took place between myself and the President, the Attorney General, [redacted] and Bureau Officials.

I would also like to have copies of memoranda concerning FBI jurisdiction as it was on the day of the assassination and as it is today.

REC-85 44-57576-849
CBS seems to be very interested in events which took place in the apartment of [redacted] during the evening of the first day. I would like copies of Bureau documents dealing with this phase, particularly with the alleged failure to properly seal [redacted] apartment from the press.

Thank you very much,

Sincerely,

W. Mark Felt

10 MAY 8 1975

APR 29 1976

UNITED STATES GOVERNMENT

Memorandum

TO : MR. JENKINS

DATE: 8-29-75

FROM : D. W. MOORE, JR.

SUBJECT: ~~W. MARK FELT~~

FORMER ACTING ASSOCIATE DIRECTOR
REQUEST REGARDING CBS DOCUMENTARY
ON ASSASSINATIONS

Assoc. Dir. ☒
Dep. AD Adm. ☒
Dep. AD Inv. ☒
Asst. Dir. ☒
Admin. ☒
Comp. Sys. ☒
Ext. Affairs ☒
Files & Com. ☒
Gen. Inv. ☒
Ident. ☒
Inspection ☒
Intell. ☒
Laboratory ☒
Plan. & Eval. ☒
Spec. Inv. ☒
Training ☒
Legal Coun. ☒
Telephone Rm. ☒
Director Sec'y ☒

Former Acting Associate Director W. Mark Felt contacted Inspector Homer A. Boynton, Jr., of the External Affairs Division on 8-12-75 to advise that CBS was preparing a two-hour documentary on the assassinations of President John F. Kennedy, Senator Robert F. Kennedy and Martin Luther King, Jr., and the attempted assassination of Governor George Wallace. The documentary would be shown in November, 1975.

Felt stated that he had been contacted by [redacted] of the Special Productions Staff of CBS and requested to participate in the program insofar as the attempted assassination of George Wallace was concerned. [redacted] informed Felt that he was aware that Felt was the Acting Director of the FBI at the time of the attempted assassination and that he had received several calls from [redacted] at the White House who was relaying information concerning the FBI investigation to the President on the night Wallace was shot. [redacted] desired to have Felt discuss the fact that the press had access to [redacted] apartment prior to the sealing off of the apartment by the FBI and also desired to know what orders Felt had received from the White House and how the FBI becomes involved in assassination investigations. In addition, [redacted] desired to know the nature of [redacted] concern about the Wallace shooting and whether the FBI entered the case immediately and in sufficient time to preserve evidence.

Felt stated he knew the Bureau had done an excellent job in the [redacted] case and that the Bureau's position should be put forth in connection with the documentary. He also stated that he would not participate if the Bureau objected; however, if he did participate he would require material concerning the matter to refresh his recollection.

Enc.

HAB:crt(9)

- | | |
|---------------------------|------------------|
| 1 - Mr. Moore | 1 - Mr. Mintz |
| 1 - Mr. Gallagher | 1 - Mr. Wannall |
| 1 - Mr. McDermott | 1 - Mr. Campbell |
| 1 - Press Services Office | |

5 SEP 11 1975

PERS. REC. UNIT
(OVER...)

2 OCT 16 1975

Memorandum to Mr. Jenkins
Re: W. MARK FELT

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The Bureau is in receipt of a letter from [] (copy attached) wherein he requests FBI documents under the Freedom of Information Act (FOIA) relating to the attempt on the life of Governor Wallace. All of the material requested would appear to be in line with the material requested by Felt. The FOIA Unit has advised that they must send a letter to [] indicating that because of the large backlog of requests it will be necessary to delay processing of his request for at least 30 days.

In order to assist CBS with its documentary, the External Affairs Division considered extending cooperation to CBS as has been done in other instances. For example, we are currently cooperating with CBS in the production of a CBS documentary on the FBI which will be exhibited sometime in November. This cooperation has extended to the point where we have provided personnel from the External Affairs Division to work directly with CBS in filming agents on the job in Atlanta and Boston. After consultation with the General Investigative Division and the Legal Counsel Division, as well as review by the External Affairs Division, it is felt that for the following reasons we should not extend cooperation in this matter to CBS:

- b6
b7C
- (1) The [] case is still receiving widespread press speculation that accomplices participated in the attempt on George Wallace.
 - (2) There is a possibility that there may be further judicial review of this matter, coupled with indications of Congressional review.
 - (3) The External Affairs Division has already turned down a request from Quinn Martin Productions for assistance on a movie made for television on the John F. Kennedy assassination.
 - (4) Once we open the door for assistance to CBS, it would be difficult to preclude cooperation in regard to other similar requests.
 - (5) 1976 is an election year and the CBS documentary could give rise to attempts upon the lives of candidates during this period and the Bureau should not be in a position of assisting for this reason alone.

Inasmuch as we are limiting any cooperation with CBS to access to documents under the rules of the FOIA, it would appear that we would have to abide by such regulations in furnishing documents or information to former Acting Associate Director Felt.

Memorandum to Mr. Jenkins
Re: W. MARK FELT

RECOMMENDATIONS:

(1) That former Acting Associate Director W. Mark Felt be advised that the Bureau has no objection to his participation in the CBS documentary but that any information that he desires in connection with this matter can only be furnished to him as a result of an FOIA request.

Felt so advised of above - he indicated he would read over that material which was furnished during earlier FOIA. He appreciated my call 9.9.75 AD Moore

(2) That a letter be forwarded to CBS producer [redacted] informing him that his request is being processed under the FOIA.

already handled by outgoing letter of 8/25/75

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b7C

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b7C

[Handwritten initials]

TW

[Handwritten signature]

NBC

[Handwritten initials]

FEDERAL BUREAU OF INVESTIGATION

Date of transcription 6/19/75

On 6/12/75 W. Mark Felt, former Acting Associate Director of the Federal Bureau of Investigation, 3216 Wynford Drive, Fairfax, Virginia, telephone 573-3216 furnished the following information concerning the movement of material from the Office of former Director J. Edgar Hoover to Felt's office subsequent to the death of Hoover on 5/2/72:

He believes that sometime shortly after Hoover's death Miss Helen W. Gandy, who was then Hoover's Executive Assistant, called him and said she was sending some things to him. She may have said files or material. He does not recall receiving any instructions regarding the retention of the material or what to do with it. He had the impression that Miss Gandy was telling him in effect, "It's your problem now."

It was his impression that it was at least five or six days after Hoover's death before the material referred to by Miss Gandy was first brought to his office. He recalled that it came to him in "dribs and drabs." He cannot identify the individual or individuals who may have brought this material to his office.

Concerning the material described as "official - confidential" files of Hoover's, Felt recalled the following:

About six or seven days after Hoover died, a young, good-looking white boy whom he assumed to be from the Director's Office came into Felt's office at about 6:30 p.m. with a four-wheel "dolly" which had on it an estimated six or seven cardboard boxes. These were not sealed. The cartons were placed in a closet back of the desk in the office occupied by then Associate Director Clyde A. Tolson. He described this closet as "just a little cranny," triangular in shape. He does not know the identity of the boy who brought them in and he does not recall whether anyone besides himself was in the office at that time. He suggested that possibly Wason Campbell or Bill Soyars may have been there but has no specific recollection that they were.

Concerning the material in the boxes he said that these were folders with loose material in the folders. He does not recall any file jackets and said it was his impression that it was "a bunch of junk." He does not recall any official Bureau files in this material. He felt that what Miss Gandy had sent to him was "what was

Interviewed on 6/12/75 & 6/13/75 Fairfax, Virginia

File # _____

by Inspector Hunter E. HelgesonInspector Willie C. LawDate dictated 6/19/75

left after she sorted out personal stuff and regular files."

He thinks the material stayed in the closet several days and thereafter was "spread around" in various existing cabinets in the office. He recalled that five or six 2-drawer combination safe-type cabinets had been ordered and placed in Tolson's office. When these cabinets arrived the material was taken from the cabinets where it had originally been placed and transferred to the safe-type cabinets. Approximately two months later these safe-type cabinets were moved into another room in the suite of offices. He described this room as the first room off the reception room to the left. He cannot recall who transferred the material to these cabinets but believes he may have assisted others in this task.

He never physically reviewed this material but did glance through it. He could recall seeing a "real old folder" dealing with Eleanor Roosevelt.

Sometime after the arrival of this material [] a Bureau supervisor, came over and made a complete inventory of all the material and he does recall reviewing the completed inventory. He does not think this inventory included anything other than the material from Mr. Hoover's Office. Other than [] he knows of no one who made a systematic review of this material. He has no recollection of [] another Bureau supervisor, reviewing any of this material but said it was entirely possible that he had.

He does not recall seeing any inventory or list of the material accompanying this material from the Director's Office.

He has no recollection of removing anything from this material and sending it elsewhere. He pointed out that he was concerned with the so-called "secret dossiers" and wanted to maintain all of it so that then Acting Director L. Patrick Gray III could review it. In that connection he stated that to his knowledge Gray did not review this material.

Based on his review of the inventory prepared by [] he has no recollection of any folders on Charles W. Bates, Leland V. Boardman or Alex Rosen. Since these were former or present Bureau officials he feels certain he would have noted this and probably would have looked at the folders to see what they contained. He has no recollection of any official files contained in this material and specifically did not recall seeing anything on Lyndon Johnson or John F. Kennedy. He stated that he and his Administrative Assistant [] were the only two persons with the combination to the file cabinets where this material was maintained. When specifically asked he said it was possible that the material had been stored temporarily after its arrival in some gray cabinets in his office. That would be after it was removed from the closet and before it was placed in the safe-type cabinets. He had a vague recollection of some gray cabinets which were later turned over to some other office and whoever received them had a problem with the combination on one of these cabinets.

Other than the material sent to his office from the office of Mr. Hoover he had the impression that Hoover's "personal papers" were taken to Mr. Hoover's house after Hoover's death for review by Miss Gandy. He has no personal knowledge, however, of anything that went to Mr. Hoover's house and said that Miss Gandy sent nothing back to him after reviewing this personal correspondence.

On 6/13/75 he telephonically advised as follows:

He is certain that the material contained in the six or seven cardboard boxes placed in the closet in Mr. Tolson's office was the material from Mr. Hoover's Office. He recalled that upon the resignation of L. Patrick Gray III, Acting Director of the FBI, material from Gray's Office was also sent down to Felt; however, this consisted of no more than two cardboard boxes. He could not specifically recall whether the Gray material was placed in the closet but said it was quite possible that it may have been. He is certain he is not confusing the two incidents.

REC-134

Martin Luther King Jr.

February 4, 1975

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

Dear Mark:

Thank you for your note of January 20, 1975. We now know, of course, that the source of Kessler's recent stories came from the Watergate Committee. This is only one of several recent revelations, of course, and we are struggling in order that we might keep our position in a less vulnerable state. To be perfectly frank, it is taking a great deal of our time which could be spent on some very productive enterprises.

I am sorry to hear that Audrey is having some skin cancer problems, and I hope that these are soon alleviated. As I understand it, skin cancer cures are very well established and over 90% of them are handled without difficulty.

Your other letter of January 24, 1975, was not so welcome inasmuch as it apparently might be the introduction of a new correspondent into my experience. [redacted] seems to be a very vitriolic individual and the only thing I can say is at least I join a very distinguished company of those whom he hates, and I am not looking forward to a closer acquaintanceship with him.

b6
b7C

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

SENT FROM D. O.
TIME 8:39 AM
DATE 2-4-75
BY [signature]

Sincerely,
H. Clarence

FEB 10 1975

150 CMK:EDM (3)2

Copy made for Corres.
and Tours Section

2/3/75

MAIL ROOM 1975 TELETYPE UNIT ☐

November 7, 1975

Conf
Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

b6
b7C

Dear Mark:

Enclosed is a letter from [] and a
copy of my reply to his letter to me. He has requested your home
address which I did not give to him.

Sincerely yours,

Clarence

REC-144

Clarence M. Kelley
Director

67-276576-459
Searched _____ Numbered 26
5 FEB 9 1976

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Enclosures (2)

Mr. Kelley's reply to [] letter of 10/30/75
[] letter dated 10/30/75 to Mr. Felt

b6
b7C

NOTE: See letter of same date to []

Assoc. Dir. — mn:rgj (3)

Dep. AD Adm. —

Dep. AD Inv. —

Asst. Dir.:

Admin. —

Comp. Syst. —

Ext. Affairs —

Files & Com. —

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Laboratory —

Plan. & Eval. —

Spec. Inv. —

Training —

Legal Coun. —

Telephone Rm. —

Director Sec'y —

MAIL ROOM ☒

TELETYPE UNIT ☐

January 16, 1976

Mr. W. Mark Felt
3216 Wynford Drive
Fairfax, Virginia 22030

Dear Mr. Felt:

Reference is made to your letter dated December 21, 1975, in which you request certain information from your personnel file.

Enclosed are three documents which are self-explanatory and should fulfill your request.

If I can be of further service, please advise.

Sincerely yours,

Clarence

Clarence M. Kelley
Director

Enclosures (3)

1 - The Deputy Attorney General - Enclosure
Attention:

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

NOTE: Requester asked for names of class instructor, class counselor and copy of an anonymous letter which was sent to Mr. Hoover while requester was SAC at Kansas City.

WMM:mjs (5)

FEB 10 1976

MAIL ROOM ☐

TELETYPE UNIT ☐

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b7C

SECTION CLOSED